DOCUMENT RESUME

ED 436 860 EA 030 388

TITLE	Annual Report on School Safety, 1999.
INSTITUTION	Department of Justice, Washington, DC.; Department of Education, Washington, DC.
PUB DATE	1999-11-00
NOTE	151p.
AVAILABLE FROM	ED Pubs, P.O. Box 1398, Jessup, MD 20794-1398; Tel: 877-433-7827; Web site: <http://www.ed.gov/pubs/edpubs.html>.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC07 Plus Postage.
DESCRIPTORS	*Community Cooperation; *Crime Prevention; Delinquency Prevention; Elementary Secondary Education; Government Publications; *School Safety; *School Security; Vandalism; *Violence
IDENTIFIERS	Department of Education; Department of Justice

ABSTRACT

Despite the reports of violence in schools, the vast majority of America's schools are safe places. Nevertheless, students, teachers, and parents have real fears about school crime and violence problems. This report is a guide to combat these fears and problems. The report presents an updated description of the nature and extent of crime and violence on school property. It shows what measures some schools have taken to prevent and address school violence, refining and revising the program information provided last year. It details how 54 communities around the United States have implemented recommendations of one chapter in particular from last years' "Annual Report," entitled "What Communities Can Do Through Collaboration." This 1999 Report is divided into four chapters: "The Nature and Scope of School Violence--Federal and International Data"; "Safe Schools/Healthy Students--Collaboration in Action"; "Model Programs--Helping to Improve School Safety"; and "Resources--Agencies, Organizations, Web Sites, and Contact Information." (DFR)

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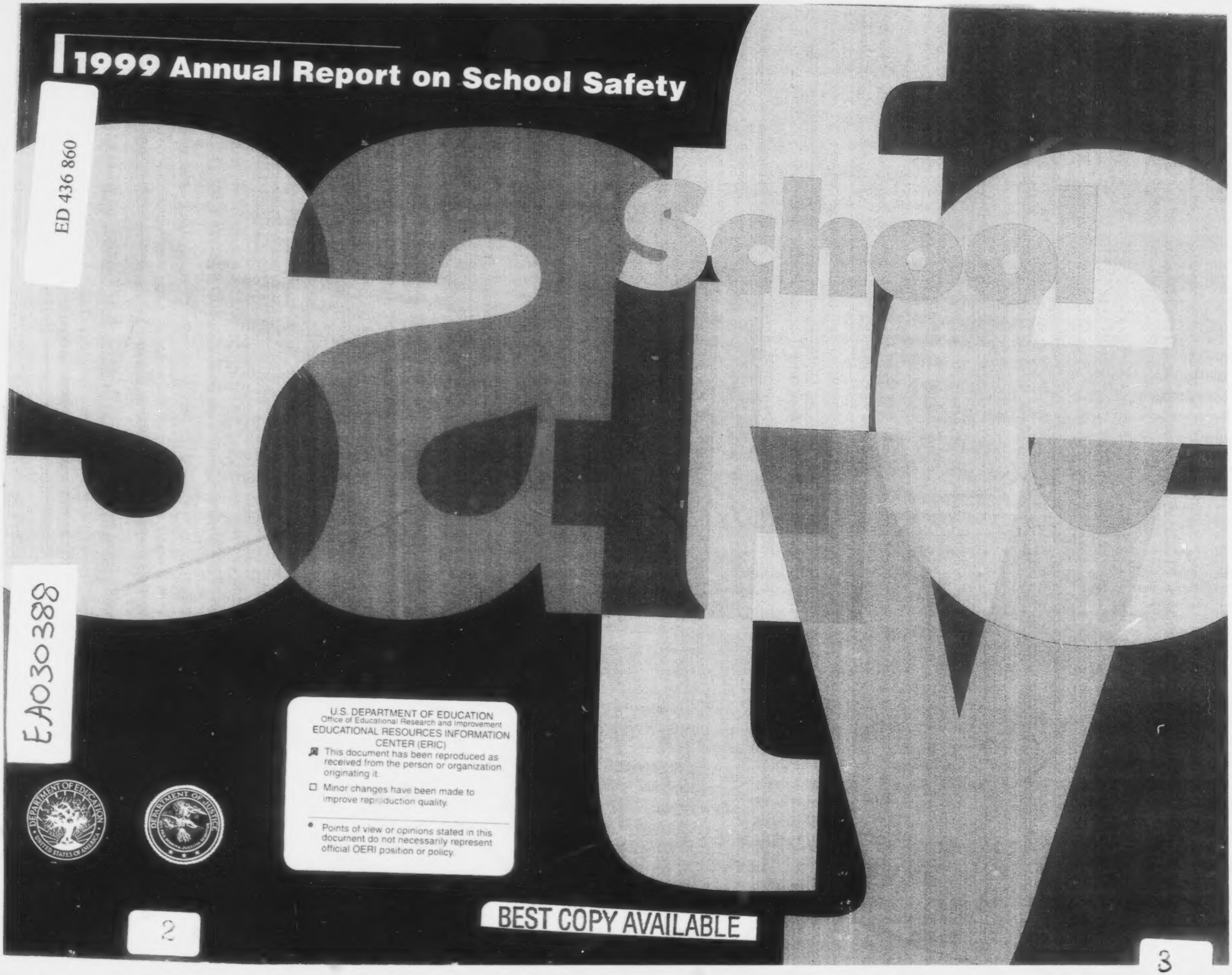
1999 Annual Report on School Safety



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Annual

4

5

1999 Report

Table of Contents

DEAR COLLEAGUE Letter from the US Secretary of Education and the Attorney General ii

INTRODUCTION iv

CHAPTER 1 The Nature and Scope of School Violence—Federal and International Data 1
- A National Perspective 2
- An International Perspective 7
- Harassment and Hate Crime 10

CHAPTER 2 Safe Schools/Healthy Students—Collaboration In Action 13
- Urban Sites 14
- Suburban Sites 24
- Rural Sites 28
- Tribal Sites 33

CHAPTER 3 Model Programs—Helping to Improve School Safety 35
- Violence Prevention Programs 36
- Substance Use Prevention Programs 45
- Problem Behavior Prevention Programs 52

CHAPTER 4 Resources—Agencies, Organizations, Web Sites, and Contact Information 55
- Federal Resources 56
- Online Federal Documents 59
- Organizations 62
- Web Sites 63

REFERENCES 66

Dear Colleague:

Since the publication of the first *Annual Report on School Safety* in 1998, the U.S. Department of Education and the U.S. Department of Justice have continued to work together to improve the safety of America's schools. Last year, we published *Early Warning, Timely Response: A Guide to Safe Schools*, which was sent to every superintendent and principal in the country. Written by a group of national experts, the guide offers practical suggestions for reducing school violence. In September 1999, President Clinton announced the award of nearly $100 million to 54 communities around the country under the new Safe Schools/Healthy Students Initiative, a unique grant program jointly administered by the Departments of Justice, Education, and Health and Human Services.

In Littleton, Colorado, and in other communities across America, incidents of school violence have reminded us that our efforts are important and that many challenges remain. While we are pleased by the most recent data included in this *Annual Report*, which shows that crime and violence continued to decrease in our schools, we can do more to make schools safe.

We know there is no simple solution to the problem of school violence. However, if we all come together to address the roots of violence, we know we can make every school a safe learning environment for children. That is why the work that all of you do in your communities, day in and day out, is so important. By breaking down the boundaries between experts and practitioners, between adults and young people, and between law enforcement officials and the communities they serve, you create a powerful force for change.

In our experience, successful efforts to improve school safety include three critical components: predicting, preventing, and preparing for school violence. Many schools have implemented effective violence prevention plans, and our Nation's children are safer because of it; however, ending violence in schools will require renewed attention and energy from all of us.

We have gained a better understanding of how to prevent school violence, and we have found proven ways to make our schools safer. We need to punish offenders and hold young people accountable for their actions, but it is even more important to prevent tragedies from happening in the first place. We need to learn more about the warning signs and risk factors that signal potentially violent youth. We also need to train parents, school personnel, and community members to identify those warning signs. Early intervention with young people has a tremendous impact, so we need to encourage educators, parents, and community members to identify and help troubled youth.

Conflict resolution curricula and peer mediation programs can be very effective in decreasing youth violence. In a cultural environment where exposure to violent confrontations is too common, we need to give young people the skills to resolve their interpersonal conflicts peacefully.

Finally, Americans need to face the fact that the undeniable link among the most tragic incidents of school violence is the presence of guns in the hands of unsupervised youth. Our Nation can and must do more to limit unauthorized access to guns by young people, in schools and elsewhere.

We hope that you will use this report as a guide in your efforts to make your schools and communities safer. As we did last year, we dedicate this *Annual Report* to the teachers and students who lost their lives at school. We will never forget them.

Sincerely,

Dick Riley
Richard W. Riley
Secretary of Education

Janet Reno
Janet Reno
Attorney General

Introduction

The vast majority of America's schools are safe places. In fact, notwithstanding the disturbing reports of violence in our schools, they are becoming even safer. But the fears of students, teachers and parents are real. And it is true that some schools have serious crime and violence problems. The *Annual Report on School Safety* is a guide to combat these fears and problems.

The 1999 edition of the *Annual Report* is designed to complement its predecessor. It presents an updated description of the nature and extent of crime and violence on school property. It shows what measures some schools have taken to prevent and address school violence, refining and revising the program information provided last year. And it captures the spirit of 54 communities around the country that have taken to heart one chapter in particular from last year's *Annual Report*, entitled *What Communities Can Do Through Collaboration*. The 1999 *Annual Report* is divided into four chapters: The Nature and Scope of School Violence—Federal and International Data; Safe Schools/Healthy Students—Collaboration in Action; Model Programs—Helping to Improve School Safety; and Resources.

Chapter 1 presents the nature and scope of school violence in the United States and abroad. The national perspective on school crime and safety issues examines data on homicides and suicides at school, injuries at school, crimes against students, crimes against teachers, weapons at school, the consequences of bringing firearms to school, and student perceptions of school safety. More detailed presentations of these and other related national data can be found in the *Indicators of School Crime and Safety, 1999* by the National Center for Education Statistics and the Bureau of Justice Statistics (see References). This year, Chapter 1 also includes both an international perspective on school violence (comparing data from a number of different countries on feelings of safety, bullying and student behavior) and a discussion of hate crime and harassment legislation and related statistics.

Chapter 2 highlights 54 communities that are putting into practice the collaborative, problem-solving model featured in the second chapter of last year's *Annual Report*. The President recently announced that these communities would receive grants under the brand new Safe Schools/Healthy Students Initiative. The Initiative promotes comprehensive strategies that provide students, schools, and communities with enhanced educational, mental health, social service, law enforcement, and, as appropriate, juvenile justice system services. Future *Annual Reports* will track the progress of these communities.

Chapter 3 presents summary information on school violence prevention and related programs that work—programs that are well-designed, have demonstrated effectiveness, and can be implemented as part of a comprehensive school safety plan. The programs included in this chapter are intended to complement, not replace, those programs described in last year's *Annual Report*. Not surprisingly, some of the programs are the same, but a year's worth of additional learning led to the identification of new, effective programs, and further data.

Chapter 4 lists resources for more information about school safety and crime issues. These resources include organizations, Web sites, listserves, videos, Federal resources, and publications.

Throughout the *Annual Report*, school profiles focus on several schools that are doing an exemplary job of creating and maintaining safe environments. These schools were identified through a competitive process by the U.S. Department of Education's Recognition Program. One school, Gonzalo Garza Independence High School, although not identified through the Recognition Program, is included as a model alternative school providing personalized services for at-risk students.

Chapter 1 - The Nature and Scope of School Violence

The recent school shootings have drawn heightened public attention to school crime and safety. Unfortunately, public perceptions of school safety are often fueled by media accounts that play up tragic events and fail to provide a real understanding of the accomplishments of schools or the problems they face. The heightened public attention however, does provide an opportunity to closely examine what is happening in schools today. As we learn more, we can use that knowledge to fashion rational policies and strategies for preventing crime and increasing school safety.

Federal and International Data

Assessing the safety of our schools, on both national and international levels, is a complex undertaking. This report brings together, in one document, critical information gleaned from numerous surveys and reports. While we do not know as much about threats to school safety as we might like, this document is a starting point from which an initial assessment of school safety emerges. As more schools and jurisdictions collect data on school crime and safety issues, we will be able to eliminate information gaps. Readers should note that this report specifically addresses intentional injuries and crimes against students and teachers. Some information on unintentional injuries and accidents is presented as well.

The first section of this chapter presents national data on school crime and youth violence. Data on international school crime and youth violence follow. The chapter concludes with information on hate crime and harassment.

Data used in this chapter are drawn from several different studies conducted by the Bureau of Justice Statistics, the Centers for Disease Control and Prevention, the National Center for Education Statistics, the National Institute of Child Health and Human Development, and the Survey Research Center of the University of Michigan. A complete list of the studies is included in the *References* section of this report.

All the studies used nationally representative samples, except the data source on school-associated violent deaths (which tracked all school-associated violent deaths in the country), and the data source for unintentional injuries (which used the National Pediatric Trauma Registry). Data sources for the other studies varied. Some surveyed different populations of students, another surveyed teachers, and yet another surveyed other school staff. Definitions of crime, age groups analyzed, and time periods can vary from indicator to indicator. The reader should also note that definitions vary across studies.

For a more complete understanding of most of the data in this report, see *Indicators of School Crime and Safety, 1999*, or the original studies listed in the References section.

A NATIONAL PERSPECTIVE

Building on data included in the *1998 Annual Report on School Safety*, this section provides a national picture of American schools and the amount of violence and crime experienced by those who work and learn there. Where possible, data are presented that update the *1998 Annual Report*, so that progress in combating school violence may be tracked and analyzed. Several data sources have been added to the *1999 Annual Report*. Figures with the ➡◆ icon have been updated from the *1998 Annual Report*.

This section attempts to address those questions at the heart of the school safety issue. Are most injuries that occur at school the result of violence? How much crime is occurring in our Nation's schools? Are schools more or less safe than in the past? Do students feel safe at school? What kinds of crimes are occurring? How likely is it that students or teachers will become victims of school crime?

After a relatively quiet 1998-99 school year, we were subjected to a rude and tragic awakening after the shootings at Columbine High School. We were reminded once again that while homicides at school are extremely rare events, they do occur and they affect the perspective of all Americans, especially schoolchildren.

Fig. 1: Total Number of Students, Teachers, and Schools

	TOTAL	PUBLIC	PRIVATE
STUDENTS	51,400,000	45,600,000	5,800,000
8TH GRADE	3,776,039	3,415,151	360,888
10TH GRADE	3,682,663	3,376,595	306,068
12TH GRADE	2,938,754	2,673,067	265,687
TEACHERS	3,100,000	2,700,000	400,000
ELEMENTARY SCHOOLS	64,800	48,000	16,800
MIDDLE SCHOOLS[1]	14,000	14,000	–
HIGH SCHOOLS	17,800	15,300	2,500
OTHER SCHOOLS[2]	12,400	4,000	8,400
TOTAL SCHOOLS	109,000	81,300	27,700

[1] Due to the small number of private middle schools, they are not counted as a separate category.

[2] For private schools, these are combined schools that cross the elementary/secondary boundary.

Note: Number of students (public and private) are projected data from 1997-98.
Number of public schools are from 1996-97; number of private schools are from 1995-96.

Source: Digest of Education Statistics, 1998 (May 1999, NCES-1999-036); Overview of Public Elementary and Secondary Schools and Districts, School Year 1997-98 (October 1998, NCES 98-204); Public School Student, Staff, and Graduate Counts by State, School Year 1997-98 (August 1999, NCES 1999-327); Private School Universe Survey, 1997-98 (August 1999, NCES 1999-319)

Homicides at school remain extremely rare events.

While multiple homicide events have captured headlines in recent years, the chance of suffering a school-associated violent death is still less than one in a million, but even that is too much.

- Preliminary data indicate that less than 1 percent of the more than 2,500 children nationwide who were murdered or committed suicide in the first half of the 1997-98 school year (July 1, 1997 to December 31, 1997) were at school (on school property, at a school-sponsored event, or on the way to or from school or a school-sponsored event).
- For the complete school year, July 1, 1997 through June 30, 1998, there were 58 school-associated violent deaths (students and non-

students) that resulted from 46 incidents. Forty-six of these violent deaths were homicides, 11 were suicides, and one was a teenager killed by a law enforcement officer in the course of duty.

- Among the homicide deaths, 29 were single homicides, 14 were homicides in events with multiple victims, and three were part of a combination homicide/suicide. Among the homicide victims, 30 (65 percent) were male. Also, 34 (74 percent) were school-aged children, six (13 percent) were school staff, and six (13 percent) were not affiliated with any school.

- Thirty-two (70 percent) of the homicides at school occurred on school property, one (2 percent) occurred at a school-sponsored event, and 13 (28 percent) occurred in transit to or from school or at school-sponsored event.

- Of the suicide deaths, eight were single suicides, and three were part of a combination homicide/suicide. Among the suicide victims, 10 (91 percent) were male, six (55 percent) were school-aged children, one (9 percent) was school staff, and four (36 percent) were not affiliated with any school.

- Nine (82 percent) of the suicides occurred on school property. Two (18 percent) occurred in transit to or from school or at a school-sponsored event.

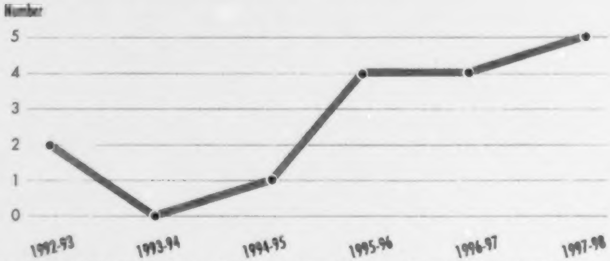
Multiple-victim homicide events at school have increased.

Although there were fewer fatal school-associated violence incidents in the 1997-98 school year (46 total) than in 1992-93 (55 total), the total number of multiple-victim homicide events appears to have increased (see figure 2). Multiple-victim homicides include events where an offender fatally injures more than one victim. Combination homicide/suicides and multiple suicides are excluded from this count.

- Since the 1992-93 school year, there has been at least one multiple-victim homicide event each year (except for the 1993-94 school year). The number increased from two events in 1992-93 to five events in 1997-98.

Fig. 2: Multiple-Victim Homicide Events at School

Number of events at all schools with multiple homicide victims: school year 1992-93 to school year 1997-98



Source: The School-Associated Violent Deaths Study, Centers for Disease Control and Prevention, the U.S. Department of Education, and the U.S. Department of Justice.

Most injuries that occur at school are not the result of violence.

Among children (ages 5 through 18) who were admitted to a pediatric trauma unit or children's hospital for an injury sustained at school, 90 percent were injured unintentionally through falls, sports, and school equipment (e.g. wood shop equipment).

- Falls were the most common type of school injury, accounting for 43 percent of all admissions.

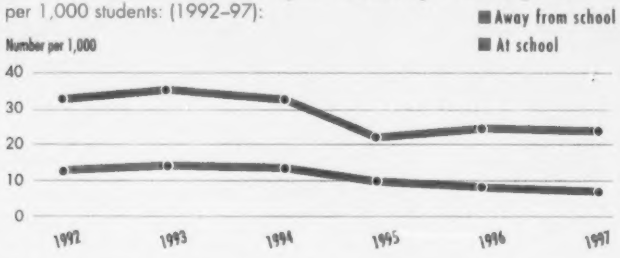
Despite recent occurrences, schools should not be singled out as especially dangerous places in the community. Most school crime is theft, not serious violent crime.

The nature of crime away from school is far more serious than at school. Thankfully, serious violent crime rates (as well as theft rates) are down both at school and away from school as compared with the 1996 data presented in last year's *Annual Report*.

- Students ages 12 through 18 were more likely to be victims of serious violent crime

Fig. 3: Serious Violent Crime Against Students At and Away from School

Number of serious violent crimes against students ages 12 through 18 per 1,000 students: (1992–97):

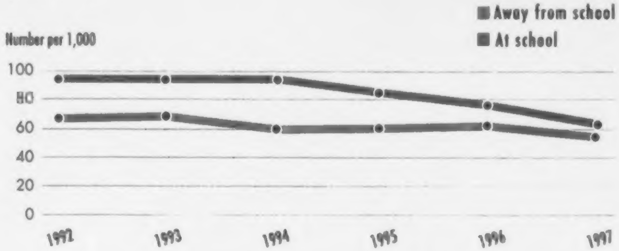


Note: Serious violent crimes include rape, sexual assault, robbery, and aggravated assault.

Source: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey, 1992–97.

Fig. 4: Thefts Against Students At and Away from School

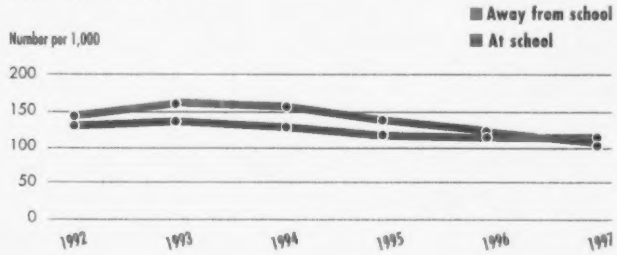
Number of thefts against students ages 12 through 18 per 1,000 students (1992–97):



Source: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey, 1992–97.

Fig. 5: Total Crimes Against Students At and Away from School

Number of total crimes against students ages 12 through 18 per 1,000 students (1992–97):

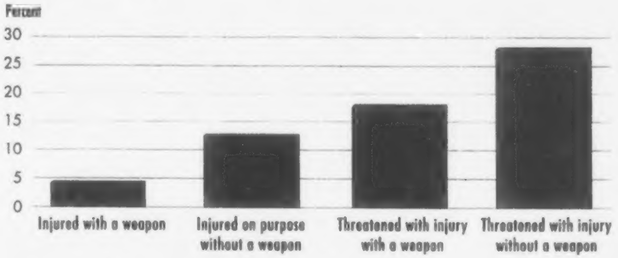


Note: Total crimes include thefts and violent crimes. Violent crimes include rape, sexual assault, robbery, aggravated assault, and simple assault.

Source: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey, 1992–97.

Fig. 6: Reported Injuries or Threats by Students

Percentage of 12th grade students at public and private schools who reported being injured or threatened with injury at school during the past 12 months (1997):



Note: Examples of weapons are knives, guns, and clubs. "At school" means inside or outside the school building or on a school bus.

Source: University of Michigan, Survey Research Center, Institute for Social Research, Monitoring the Future, 1997.

away from school than at school. In 1997, about 24 of every 1,000 students (ages 12 to 18) were victims of serious violent crimes away from school (a total of 635,900 serious violent crimes). In contrast, only eight of every 1,000 students were victims of serious violent crimes at school or going to and from school (201,800 total) (see figure 3).

- In 1997, there were 63 thefts for every 1,000 students (ages 12 to 18) at school (see figure 4). Theft accounted for about 61 percent of all crime against students at school that year.

Students in school today are less likely to be victimized than in previous years.

Since 1993, the overall school crime rate for students ages 12 to 18 has declined as have rates of crime outside of school for this group.

- The overall school crime rate between 1993 and 1997 declined, from about 155 school-related crimes for every 1,000 students ages 12 to 18 in 1993 to about 102 such crimes in 1997. Crime victimization outside of

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school declined from about 139 crimes for every 1,000 students in this age group in 1993, to 117 such crimes in 1997 (see figure 5).

- In 1997, 5 percent of all 12th graders reported that they had been injured on purpose with a weapon such as a knife, gun, or club during the prior 12 months while they were at school, and 14 percent reported that they had been injured on purpose without a weapon. These numbers have remained fairly stable over the past 20 years (see figures 6 and 7).

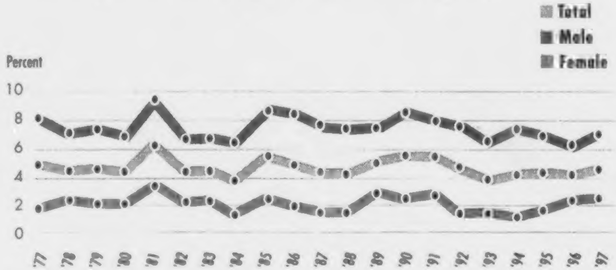
Teachers are victims of crime at school as well.

As with student crime, most crimes against teachers are thefts. Teachers in urban schools are more vulnerable to crime at school than are suburban school teachers.

- On average, each year from 1993-97, there were 131,400 violent crimes against teachers at school and 222,800 thefts from teachers at school, as reported by teachers from both public and private schools. This translates into a rate of 31 violent crimes for every 1,000 teachers and a rate of 53 thefts for every 1,000 teachers.

Fig. 7: Injuries at School, With a Weapon

Percentage of 12th graders who reported that someone had injured them with a weapon at school during the past 12 months, by sex (1977–97):

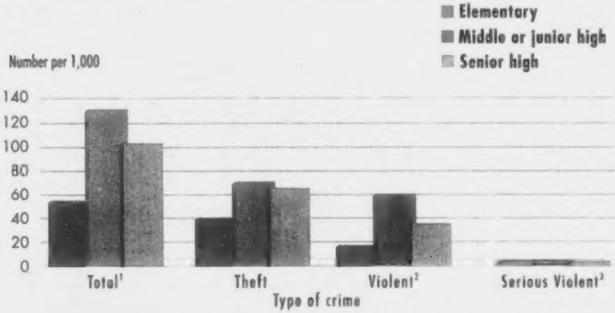


Note: Examples of weapons are knives, guns, and clubs. "At school" means inside or outside the school building or on a school bus.

Source: University of Michigan, Survey Research Center, Institute for Social Research, Monitoring the Future Study, 1977–97.

Fig. 8: Nonfatal Crimes Against Teachers at School by Instructional Level

Number of nonfatal crimes against teachers at school per 1,000 teachers, by type of crime and instructional level from 1993–97[4]:



1 Total crimes include rape/sexual assault, robbery, aggravated assault, simple assault and theft.
2 Violent crimes include rape/sexual assault, robbery, aggravated assault, and simple assault.
3 Serious violent crimes include rape/sexual assault, robbery, and aggravated assault which are included in violent crime.
4 An average rate was calculated for data aggregated from 1993–97.

Source: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey, 1993–97.

- On average each year from 1993-97, about four out of every 1,000 elementary, middle, and high school teachers were the victims of serious violent crime at school (see figure 8).

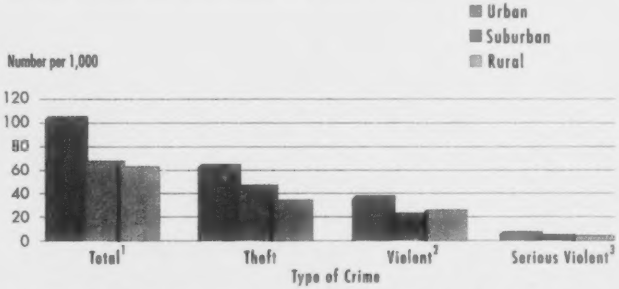
- Teachers in urban schools (39 for every 1,000 teachers) were more likely to be victims of violent crime than were teachers in suburban schools (22 for every 1,000 teachers) (see figure 9).

Fewer students are carrying weapons and engaging in physical fights on school grounds. However, certain groups of students are at greater risk than others for these activities.

The presence of weapons and physical fights at school is dangerous and disruptive to the learning environment. Contrary to public perception, however, student weapon-carrying and physical fighting have declined steadily in recent years.

Fig. 9: Nonfatal Crimes Against Teachers at School by Urbanicity

Number of nonfatal crimes against teachers at school per 1,000 teachers, by type of crime and instructional level from 1993–97[4]:

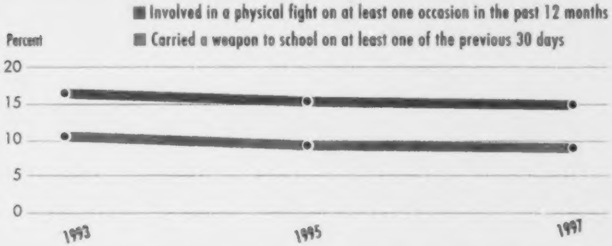


1 Total crimes include rape/sexual assault, robbery, aggravated assault, simple assault and theft.
2 Violent crimes include rape/sexual assault, robbery, aggravated assault, and simple assault.
3 Serious violent crimes include rape/sexual assault, robbery, and aggravated assault which are included in violent crime.
4 An average rate was calculated for data aggregated from 1993–97.

Source: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey, 1993–97.

Fig. 10: Weapon Carrying and Physical Fighting Trends

Percentage of students in grades 9 through 12 who reported carrying a weapon or fighting on school property (1993, 1995, 1997):

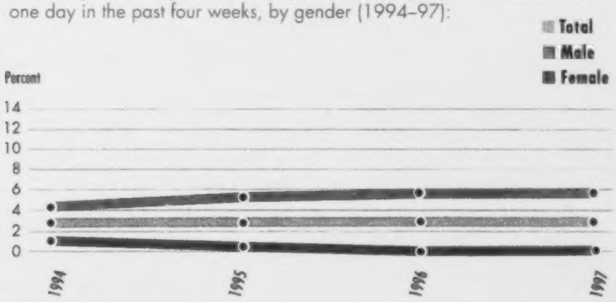


Note: Examples of weapons are knives, guns, and clubs. "On school property" was not defined for the questionnaire respondent.

Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System.

Fig. 11: 12th Graders Carrying a Gun to School

Percentage of 12th-graders who reported carrying a gun to school at least one day in the past four weeks, by gender (1994–97):



Note: "To school" was not defined for the questionnaire respondent.

Source: University of Michigan, Survey Research Center, Institute for Social Research, Monitoring the Future Study, 1994–97.

- Between 1993 and 1997, there was a significant decrease in the percentage of high school students who carried a weapon (for example, a club, knife, or gun) on school property, and in the percentage of students in a physical fight on school property, on at least one of the 30 days preceding the survey (see figure 10).

- These declines were similar across sex, grade, and race/ethnic subgroups, but male students, younger students, and Black and Hispanic students were consistently more likely than their peers to engage in these behaviors.

- About 3 percent of 12th grade students reported carrying a gun to school at least one day during the previous four-week period. This percentage remained fairly stable from 1994-97 (see figure 11).

There are consequences for students who carry firearms to school.

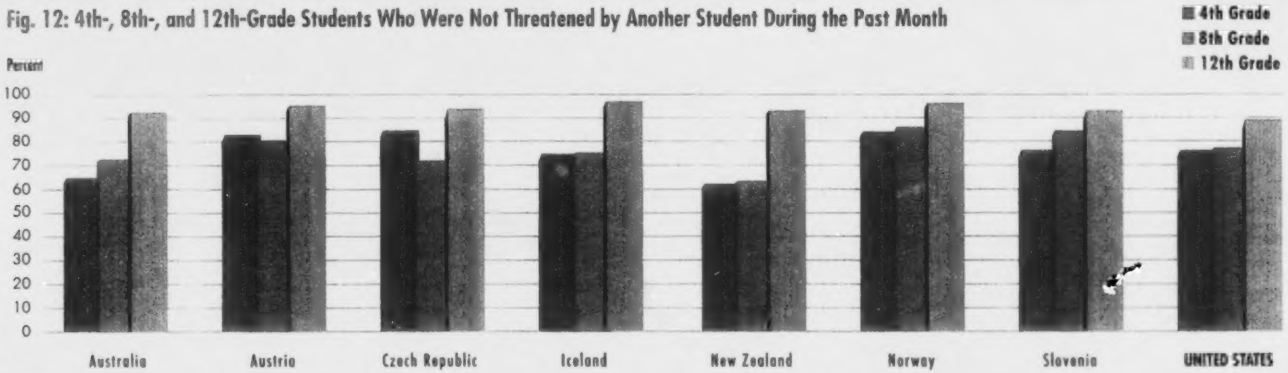
- For the 1997-98 school year, States and territories reported that they had expelled an estimated 3,930 students for bringing a firearm to school. The number of expulsions declined from 5,724 for the 1996-97 school year. In part, this decline is due to improvements in data collection and reporting. Therefore, caution should be used when interpreting these data.

- Fewer than half of the students expelled during the 1997-98 school year were referred for alternative placements. Students expelled for firearms often do not receive educational services through alternative programs or schools. Currently, very little is known about the number or nature of alternative programs. The U.S. Department of Education is conducting a survey of school districts to help provide better information about these programs and schools. Information from this study will be available in 2001.

Minority students and young students feel less safe at school than others.

- According to the 1998 National Assessment of Educational Progress (NAEP), higher percentages of Black and Hispanic 4th grade students reported feeling "very unsafe" at school (9 percent and 6 percent, respectively) than did White students at that grade level (2 percent).

Fig. 12: 4th-, 8th-, and 12th-Grade Students Who Were Not Threatened by Another Student During the Past Month



Source: IEA Third International Mathematics and Science Study, 1995–96.

- According to the 1998 NAEP, compared to 4th and 8th grade students, fewer 12th grade students reported feeling "very unsafe" at school, regardless of race.

AN INTERNATIONAL PERSPECTIVE

The United States is not the only country that confronts youth and school violence. While it is difficult to compare the United States to other countries on school safety and youth violence issues, several studies have been conducted across countries that provide comparable data on feelings of safety, bullying, and student behavior. The data from these studies are presented in this section.

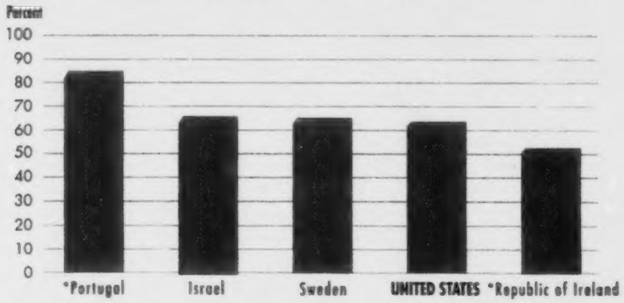
The Third International Mathematical and Sciences Study (TIMSS)

TIMSS, conducted in 1995, consists of data from half a million students in 4th, 8th, and 12th grades in 41 countries. The eight countries that had data at all three levels were used in this report.

- Across several countries, older students were more likely than younger students not to have been threatened by another student (see figure 12).

- While, overall, fewer 12th grade students (compared to 4th or 8th grade students) reported being threatened, U.S. 12th graders were more likely to have been threatened than 12th graders from other countries (see figure 12).

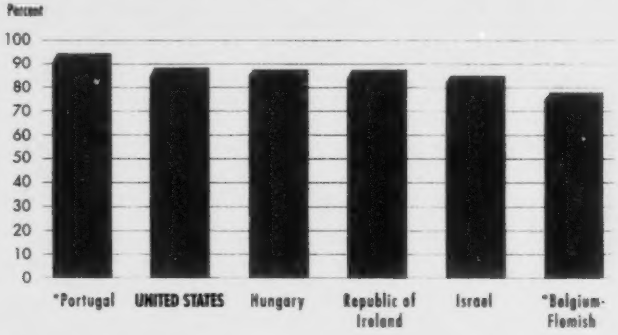
Fig. 13: 15-Year-Old Students Who Were Not in a Physical Fight During the Past 12 Months: 1997-98 School Year:



*Significantly different from the United States.

Source: The World Health Organization Study of Health Behavior in School-Aged Children, U.S. National Institute of Child Health and Human Development, Bethesda, MD.

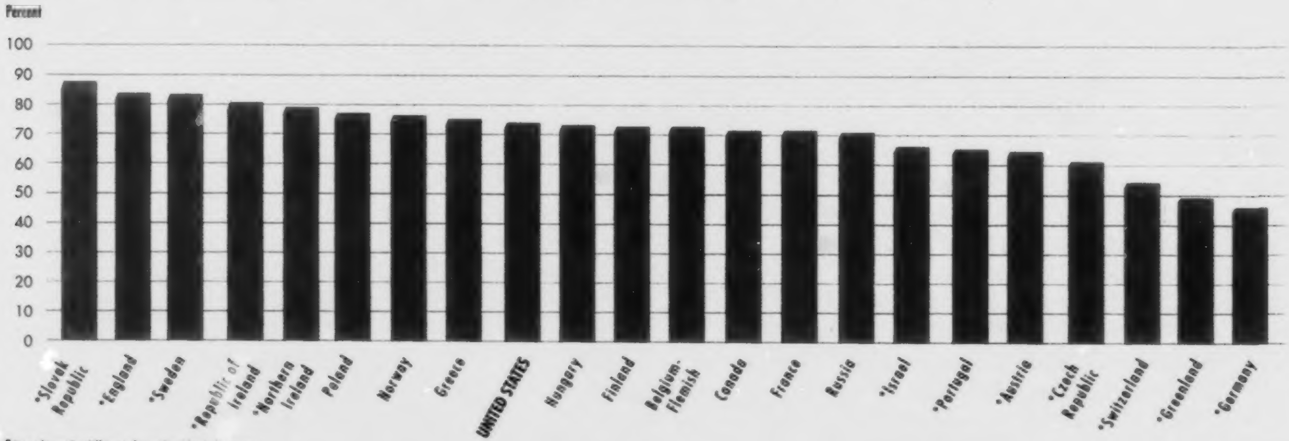
Fig. 14: 15-Year-Old Students Who Did Not Carry a Weapon for Self-Defense During the Past 30 Days (1997-98 School Year):



*Significantly different from the United States.

Source: The World Health Organization Study of Health Behavior in School-Aged Children, U.S. National Institute of Child Health and Human Development, Bethesda, MD.

Fig. 15: 15-Year-Old Students Who Were Not Bullied at School During the Current Term (1997-98 School Year):



*Significantly different from the United States.

Source: The World Health Organization Study of Health Behavior in School-Aged Children, U.S. National Institute of Child Health and Human Development, Bethesda, MD.

The Health Behavior of School Children Study

This school-based research study, performed for the first time in the United States in 1997-98, has been conducted every four years by European countries since 1982. The research goal is to increase our understanding of health behaviors, lifestyles, and their context in young people, ages 11 to 15 years. The study provides data on 120,000 students from 28 countries for the 1997-98 school year. Fifteen countries included questions on injury and violence, six of which are used in this report. These countries were selected because their study methods and questions were similar to the United States. Data for 15-year-old students are presented because they are more closely related to the national data presented in the first section of this chapter.

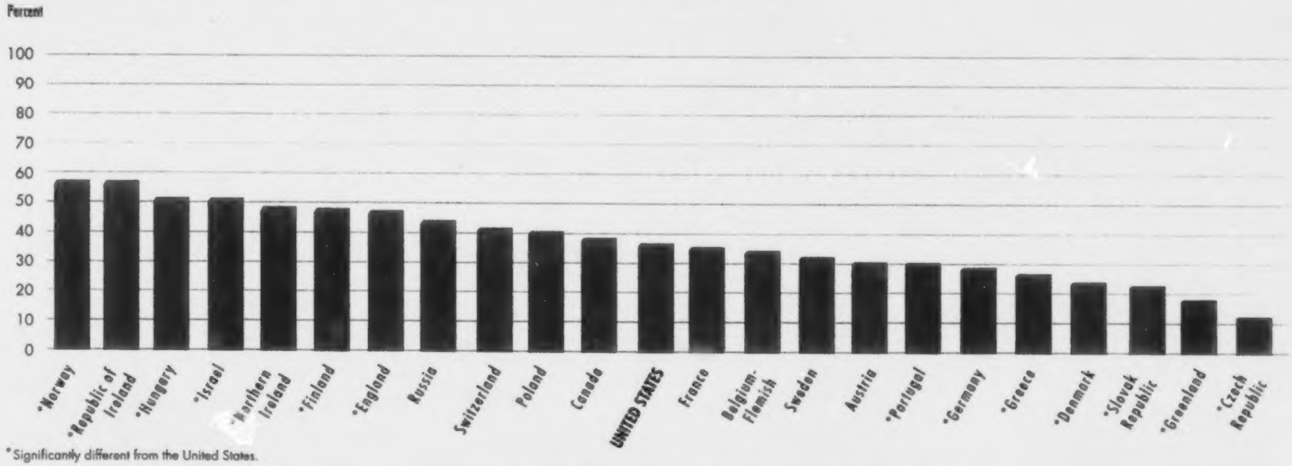
- During the past 12 months, the majority of 15-year-old students across several countries (including the United States) have not been in a physical fight (see figure 13).

- During the past 30 days, the majority of 15-year-old students across several countries (including the United States) did not carry a weapon for self-defense (see figure 14).

- A substantial majority of 15-year-old students across many countries were not bullied at school (see figure 15).

- Although the majority of students in many countries were not bullied at school, fewer students reported always feeling safe at school (see figure 16).

Fig. 16: 15-Year-Old Students Who Reported Always Feeling Safe at School (1997-98 School Year):



* Significantly different from the United States.

Source: The World Health Organization Study of Health Behavior in School-Aged Children, U.S. National Institute of Child Health and Human Development, Bethesda, MD.

Japanese Government Study

A study conducted by the Japanese government found that, in 1997, Japanese schools experienced violence, including violence against teachers, violence among students, and property damage. The most common type of violence occurred among students. Examples of violent acts occurring among students include arguments among students that resulted in injuries and physical fights. Acts of violence occurred in 2 percent of elementary schools, 30 percent of middle schools, and 37 percent of high schools.

Approximately 43,000 incidents of bullying occurred in public Japanese elementary, middle, and high schools. The largest number of bullying incidents occurred among the first-year middle-school students. After the first year of middle school, the incidents of bullying dropped progressively at each higher grade level.

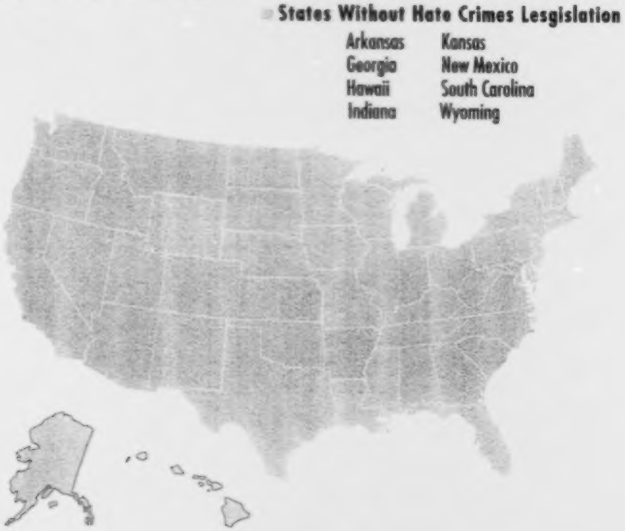


Fig. 17: Hate Crimes Legislation

HARASSMENT AND HATE CRIME

Fostering and maintaining a safe learning environment means creating a climate of tolerance in which all students are comfortable, respected, and secure. However, because of stereotypes, ignorance and intolerance, certain individuals and groups tend to be alienated from their fellow students. A source of conflict in many schools is the perceived or real problem of bias and unfair treatment of students because of ethnicity, gender, race, social class, religion, disability, nationality, sexual orientation, physical appearance, or some other factor—both by staff and peers. In this context, the topic of hate crime and harassment has been the subject of national concern, particularly with regard to young people. This section presents the current status of hate crime and harassment legislation and related statistics.

Definition of Hate Crime

Hate crime, as defined in section 280003(a) of the Violent Crime Control and Law Enforcement Act of 1994 (28 U.S.C. 994 note), is a term used to describe crimes against individuals where the victim was selected because of the race, skin color, ethnicity/national origin, sexual orientation, gender, religion or disability of any person. A hate crime under this provision is not, in fact, a specific crime. Rather, the provision refers to penalty enhancements for crimes motivated by biases against a victim. If a Federal prosecutor can prove that one or more factors—such as a victim's race, religion, disability, or any of the other categories protected by law—motivated a criminal act, hate crime laws can increase the length of an offender's prison sentence by as much as 37 percent.

Laws that Protect Against Hate Crime

A number of federal and state laws prohibit acts or threats of violence, as well as harassment and discrimination, based on race, color, religion, national origin, sexual orientation, gender and/or disability. Federal and state hate crime and civil rights laws may also apply in the school context. As of July 1999, only eight states do not have any hate crime laws at all (see figure 17). The applicable federal laws include the following:

18 U.S.C. Section 245. Section 245, the principal federal hate crime statute, prohibits intentional use of force against a person because of his or her race, color, religion, or national origin, and because he or she was engaged in a "federally protected activity," such as enrolling in or attending any public school or college. Legislation has been introduced that would amend

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Section 245 to include crimes committed because of the victim's sexual orientation, gender or disability, and to eliminate the "federally protected activity" requirement.

Title VI of the Civil Rights Act of 1964. Title VI and regulations promulgated under Title VI prohibit discrimination, including harassment, on the basis of race, color, and national origin by institutions that receive federal funding.

Title IX of the Education Amendments of 1972. Title IX and regulations promulgated under Title IX prohibit discrimination, including harassment based on sex, by institutions that receive federal funding.

Section 504 of the Rehabilitation Act of 1973. Section 504 and regulations promulgated under Section 504 prohibit discrimination, including harassment, based on disability by institutions that receive federal funding.

Hate Crime Statistics

The problem of hate crime in the United States may well be underreported. Complicating matters further is the variation among state definitions of hate or bias-motivated crime. While such crimes typically refer to criminal acts motivated by a victim's perceived sexual orientation, religious affiliation, disability, race, color, ethnic background or national origin, not all states define hate crime the same way nor do all local jurisdictions report hate crime to the FBI. In addition, the age of the offender is rarely, if ever, reported, so it is not possible to determine whether a hate crime is committed by an adult or a juvenile.

Harassment and Hate Crime Statistics Among Youth

Currently, the Health Behavior of School Children Survey does provide some data on the prevalence of "bullying" or harassment among 11-, 13-, and 15-year-olds in the United States. According to recent data, approximately 15 percent of these youth had been bullied because of their religion or race. In addition, over 30 percent of these youth had been bullied by sexual jokes, comments, or gestures directed at them.

The U.S. Departments of Education and Justice are modifying several data collection surveys to help capture harassment and hate crime incidents at school and on college campuses. In January 1999, the ongoing National Crime Victimization Survey included a hate crime item on its incident report for the first time. At the same time, the School Crime Supplement to the National Crime Victimization Survey also included items on hate language and graffiti at school. If these items prove valid and reliable, they will be reported in the *2000 Annual Report on School Safety.*

Hate crime items are also being tested for inclusion in the School Survey on Crime and Safety, a survey of elementary and secondary school principals sponsored by the U.S. Department of Education and scheduled to be in the field in 2000. Results from this survey will be available in 2001. Hate crime items are being added to the National CORE Alcohol and Drug Survey, a survey of post-secondary institutions that gathers information about crime and violence on college campuses. Finally, hate crime and harassment items will be included in the School Health Policies and Programs Study (SHPPS), conducted by the Centers for Disease Control and Prevention. SHPPS will collect data from state and local education agencies and elementary and secondary schools.

The FBI's *Uniform Crime Reports: Hate Crime Statistics* provides national data on hate crimes, but does not provide specific data for hate crimes at schools.

Chapter 2 - Safe Schools/Healthy Students—Collabor

The vast majority of the Nation's schools are safe places. Some schools, however, do have serious crime and violence problems that compromise the learning environment and endanger children and teachers. Schools cannot effectively deal with these problems without significant community-wide support. Many communities are successfully reducing school crime and violence by adopting comprehensive, integrated community-wide plans that promote healthy childhood development and address the problems of school violence and alcohol and other drug abuse. Unfortunately, these communities are the exception, not the rule.

tion in Action

In spring 1999, the President announced the Safe Schools/Healthy Students Initiative, a unique grant program jointly administered by the U.S. Departments of Education, Health and Human Services, and Justice. The initiative promotes comprehensive, integrated community-wide strategies for school safety and healthy child development across the country. These strategies provide students, schools, and communities with enhanced educational, mental health, social service, law enforcement, and, as appropriate, juvenile justice system services that can bolster healthy childhood development and prevent violence and alcohol and other drug abuse.

The Safe Schools/Healthy Students Initiative draws on the best practices of the education, justice, social service, and mental health systems to promote a comprehensive, integrated problem-solving process for use by communities in addressing school violence.

This process, which was highlighted in the *1998 Annual Report*, includes (1) establishing school-community partnerships, (2) identifying and measuring the problem, (3) setting measurable goals and objectives, (4) identifying appropriate research-based programs and strategies, (5) implementing programs and strategies in an integrated fashion, (6) evaluating the outcomes of programs and strategies, and (7) revising the plan on the basis of evaluation information.

The initiative requires comprehensive, integrated community-wide plans to address at least the following six elements: (1) safe school environment, (2) prevention and early intervention programs that address violence, alcohol and other drugs use, (3) school and community mental health preventive and treatment intervention services, (4) early childhood psychosocial and emotional development programs, (5) educational reform, and (6) safe school policies. Plans must be developed in partnership with, at a minimum, the local educational agency, local public mental health authority, local law enforcement agency, family members, students, and juvenile justice officials.

Fifty-four local educational agencies, in partnership with local law enforcement and public mental health authorities, received Safe Schools/Healthy Students Initiative grants. Awards ranged from up to $3 million per year for urban school districts, up to $2 million per year for suburban school districts, and up to $1 million per year for rural school districts and tribal schools.

A national evaluation of the Safe Schools/Healthy Students Initiative will be conducted to document the initiative's effectiveness. In subsequent *Annual Reports*, information from the evaluation on site progress and lessons learned will be provided. Following are descriptions of the grant recipients.

URBAN SITES

Jonesboro, Arkansas

Partners:

Jonesboro Public Schools
Rivendell Behavioral Health Services
Jonesboro Police Department

Jonesboro Public Schools serve 20,460 young people under the age of 18 in Craighead County, which includes four school districts. In March 1998, two middle school students shot numerous people, killing four students and a teacher. Crime rates for juveniles (including use of alcohol and other drugs, physical force, and weapons) have increased 41 percent since 1990.

The Jonesboro Safe Schools Initiative will serve to expand and centralize services to the area's youth and families. Key components of the program are to enhance the physical design of the buildings by adding fencing, lighting, and security equipment; expand alcohol and drug abuse training and education; offer expanded school-based mental health services; provide an alternative therapeutic setting to continue the education of students who are temporarily suspended; provide education and day care for the children of teenage mothers; provide summer in-home services for at-risk children and families; provide training and forums for teachers to develop best practices strategies; develop policies and procedures to enhance the program's elements; and create a formal mechanism for program evaluation.

Kindergarten through 12th grade curricula will incorporate alcohol and other drug education, anger management, and other appropriate social skills development. Alternative therapeutic settings will be established to continue the education of students who are temporarily suspended.

Los Angeles, California

Partners:

Belmont Cluster, Los Angeles Unified School District
Los Angeles County Department of Mental Health
Los Angeles Police Department

Thirty-seven thousand students attend Belmont Cluster's 34 schools and children's centers. More than 40 percent of residents have lived in the United States for fewer than five years, and the same percentage live at or below poverty level.

Project SECURE's mission is to improve the community's ability to support and nurture its children and youth. The project aims to address gaps in mental health services by providing psychological and family counseling to children under age 4 that have been identified by early childhood service providers. Home health visits for teen mothers and their infants will be provided with an emphasis on keeping the teen parent enrolled in school. School-aged children identified as needing psychological services will be able to access them on-site. Additional after-school programs will be implemented, including a police athletic league to provide youth opportunities for prosocial involvement.

REACTION

A Reaction to the Tragedy at Columbine

> "In a small school, every child who wants to sing can be in the choir, and every child who would like to be on the team can be. Participating in extracurricular activities not only keeps children out of trouble, it also teaches teamwork and leadership. Both of these skills are important life skills."
>
> –*Nancy Drake, teacher, Tyrone, Pennsylvania*

Riverside, California

Partners:
Riverside Unified School District
Riverside County Mental Health Department
Riverside Police Department

There are 81 known gangs in Riverside, and gang membership increased 300 percent from 1991-96. Five schools in particular have been the most adversely affected. The schools have consistently higher rates than the district average of violent incidents, suspensions/expulsions, and students with emotional and behavioral disorders.

The program proposed by the Riverside Unified School District will establish Wellness Centers on the five campuses to promote healthy lifestyles, and to lower the incidence of violence and alcohol and drug abuse among the community's youth. Each Wellness Center, which includes a family advocate, licensed clinical social worker, probation officer, and police officer, will provide assessment, counseling, and referrals, and family outreach and after-school programs. Ongoing case management will ensure that family needs are met with one point of access. In addition, an intervention/diversion program at the University of California at Riverside will provide students with mentoring, employment opportunities, and exposure to a university setting.

San Francisco, California

Partners:
San Francisco Unified School District
Department of Public Health
San Francisco Police Department

Almost 50 percent of the San Francisco Unified School District's students receive free- or reduced-price lunches. Academic performance, literacy in particular, remains well below national averages. Experimentation with alcohol is beginning at earlier ages, and drugs are increasingly available at schools.

The San Francisco Unified School District Wellness Project has three goals: (1) to reduce the prevalence of drug and weapon use, and violent behavior; (2) to improve the capacity of teachers, staff, parents and students to create safe and healthy school environments; and (3) to build an infrastructure, and institutionalize interagency collaboration, to create and sustain health and safety activities in all schools. Through this grant, the Wellness Schools program will expand to include 10 elementary schools and seven high schools serving approximately 13,189 youth and their families in addition to the 17 middle schools already served.

Denver, Colorado

Partners:
Denver Public Schools
Mental Health Corporation of Denver
Denver Police Department

The Denver Public Schools is an urban school district serving 69,000 children of many cultures and ethnicities. Over 27 percent of children live in poverty, and 40 percent of the elementary schools have mobility rates over 100 percent. Almost 35 percent of freshmen fail to graduate. School funding for psychologists, social workers, and other family support has decreased over the last few years despite a 21 percent growth in the population.

The Denver Police report that approximately three in every 10 youth ages 10 to 17 have been arrested.

The Denver Community Partnership intends to make schools safer by training early childhood providers to identify risk factors early and by implementing a school-based violence prevention curriculum to reach 5,000 young children. A home visitation/parent education program will be provided for 150 teen mothers during the prenatal period continuing through age 3. An additional 350 children from birth to age 8 and their families will receive support services through Head Start and Child Care Centers. Children will also be linked to services through Community/Schools Assistance Teams, and individualized plans will be developed for truant students to help them reintegrate into school. After-school programming will be expanded at six middle schools that will also serve as Neighborhood Centers. Uniformed police officers and additional school security officers will be added.

New Haven, Connecticut

Partners:
New Haven Board of Education
Connecticut State Department of Children and Families
New Haven Department of Police Services

The New Haven Public School system serves 19,385 students in grades K-12. The annual drop-out rate for grades 9 through 12 is 9.7 percent, compared with 3.9 percent statewide. Rates for juvenile crime are high.

The goals of the New Haven initiative are to create an infrastructure of collaboration and to expand current efforts to improve school safety and child well-being. Among the activities included in the program are expansion of the child development-community policing program, enhancement of the school/police truancy initiative, and provision of full access to comprehensive mental health services for all school children at risk for mental health problems, academic failure, and psychosocial impairment.

Waterbury, Connecticut

Partners:
Waterbury, Connecticut Department of Education
Connecticut Department of Children and Families
Waterbury Police Department

Over 60 percent of Waterbury students receive free- and reduced-price meals. The school has identified 381 students with a serious emotional disability. No specific services are in place for the approximately 1,500 students who are suspended from school annually for violent acts. There is typically a six-week waiting period for families referred for family violence intervention services.

The goal of the Waterbury initiative is to infuse research-based prevention programming into after-school services; improve the intensity and coordination of services to children in trouble; reach every expectant mother with home- and clinic-based prenatal primary care; and use the city's growing network of after-school programs as a starting point for applying high-performance work strategies to the improvement of teaching and learning.

REACTION

Reactions to the Tragedy at Columbine

> "I would urge all parents out there to talk with your children and listen to them and engage with them just as much or more for those high school-age students as other students."
>
> *–Secretary Riley*

Through this initiative, child health services will be expanded to include home health visits for new mothers. Early assessment and interventions will be provided to 150 police- and court-referred children, ages 3 to 8. A citywide Family Information Center will be established to engage a minimum of 900 parents. Elementary students in after-school programs will complete life skills training, while middle and high school students will participate in violence prevention programs directed by trained uniformed officers. Up to 100 students will be identified for intensive outpatient services linked closely to their educational day. Officers and student teams will apply problem-solving tactics to improve habitual truants' bonding to school.

Newark, Delaware

Partners:
Christina School District
Department of Services for Children, Youth and Their Families
State Law Enforcement and the Office of the Attorney General

The Christina School District serves 20,299 students. All but one school is Title I eligible, and 32 percent of the students qualify for free- or reduced-price meals. Twenty-five percent of the District's students reside within Wilmington's Enterprise Community (EC), which represents Delaware's most economically distressed area, with a 12.4 percent unemployment rate and a 31.3 percent poverty rate.

The Christina School District project has three goals: (1) to build on existing services to create a comprehensive, integrated system of community services, mental health prevention, treatment, and intervention programs for students and families; (2) to develop a safe, disruption-free, drug-free learning environment that improves academic performance; and (3) to develop socio-emotional competencies among students and preschool-age children to foster resilience and prosocial behavior. Preschools are located in several elementary schools to ensure that all eligible children have the opportunity to participate in age- and developmentally-appropriate settings. Socio-emotional Skills Groups are held weekly by the school psychologist and counselor in each school. A Wellness Center is housed at each of the District's three high schools and staffed by a nurse, social worker, counselor and part-time physician to provide a continuum of support in dealing with children with mild-to-moderate behavior problems. A school/community/EC liaison will coordinate the provision of services by the Family Support Partnership agencies to District residents in the EC.

REACTION

Reactions to the Tragedy at Columbine

> "Let us all speak clearly and with one voice... Acts of hate must strengthen our resolve and deepen our determination that Americans will come together and stand together against violence, intolerance, and hatred. In all these efforts we must all first assume responsibility, at home and at school, in Hollywood and the heartland, and here in Washington. Parents play an especially crucial role, for no influence on a child is more important."
>
> *–President Clinton*

Washington, D.C.

Partners:
Maya Angelou Public Charter School
District of Columbia Commission
on Mental Health Services
Metropolitan Police Department

The D.C. Charter Schools Coalition's 17 schools serve 8,400 high-risk students, most of whom are two or more years below grade level. Forty-one percent of District children live below the poverty level, 21 percent under extreme economic deprivation, and 39 percent in high-risk families. Sixty-three percent of D.C. students are eligible for free school lunch. Only 53 percent of D.C. youth graduate from high school.

The program will provide mental health, after-school, and related special enrichment programs and services to the predominantly poor, Black population in the community. Grant funds will directly support mental health teams for all schools, as well as Peaceful Schools conflict resolution training, and hiring a school/community resource coordinator in each school to build strong after-school programs and coordinate services at the school level.

Ft. Myers, Florida

Partners:
The School District of Lee County
Florida Department of Children and
Family Services–Alcohol, Drugs,
and Mental Health
Lee County Sheriff's Office

The 3,281 teachers in the school district of Lee County serve over 53,000 students. The percentage of students who report using drugs, alcohol, and tobacco is significantly higher than the national average.

The primary focus of BRIDGES is on prevention through safety, education, and intervention with at-risk youth. Early childhood services currently offered to children ages 4 to 5 will be expanded to include pregnant mothers and children ages birth to three and their families, through the Head Start program. A licensed mental health clinician will identify children with behavioral concerns, provide strategies to parents/teachers, and implement playgroups with parents and their babies/toddlers. BRIDGES will expand the use of a curriculum to prevent drug abuse and violence. School social workers will be trained in multi-systemic therapy to provide family and community-based treatment. A school safety analyst will be appointed to each of the three different school zones covered by the grant to gather information on violent activities on school campuses; identify users of alcohol, tobacco, and other drugs as well as students involved in gangs; and provide feedback to prevention and intervention services.

Largo, Florida

Partners:
Pinellas County Schools
Department of Children and Families
Pinellas County Sheriff's Office

More than 107,000 students are enrolled in 149 schools in Pinellas County. The percentage of elementary students who are eligible for free- and reduced-price lunches is 44.9 percent. One-third of Pinellas County youth live in single-parent homes.

Target schools, based upon a ranking for risk factors, will be selected as demonstration/training sites. Pinellas

REACTION

A Reaction to the Tragedy at Columbine

"In the end, it is actually quite simple: we need to educate our youth against violence."
–*S.J. Margolies, Reno, Nevada*

"The family is the key to this issue. Parent training is so vital."
–*Kraig Lords, School Psychologist, Winnemucca, Nevada*

County will expand parent-training activities for families with infants and toddlers to improve the healthy development of young children and increase school readiness. The Health Department will initiate a social marketing campaign to develop countywide messages of nonviolence and promote specific programs that prevent violent behavior among youth. This initiative will also increase the availability of parent support groups, parent education and outreach services, as well as structured activities for youth. Mental health wraparound services will be available for children who lack financial resources, and the Partnership Program, which offers short-term intervention to families of children at risk of abuse and neglect, will be replicated in other locations. A Family Resources On-Campus Intervention Program that provides an alternative to out-of-school suspension will be expanded.

Des Moines, Iowa

Partners:
Des Moines Independent School District
Polk County Health Services, Inc.
Des Moines Police Department

Polk County serves students in both urban and rural areas. Almost 16,000 students are receive free- and reduced-price meals. In 1990, one in eight families was living at or below the poverty level. The students in Polk County have alcohol and drugs readily available to them: 88 percent of students have used alcohol and almost 25 percent of students have used either marijuana or cocaine.

The Polk County program includes plans to increase access to training for in-home child-care providers countywide. Also, scholarships will be provided for staff at child-care centers to attend child development training programs. In addition to enhancing the existing K-12 alcohol, drug and violence curricula in schools, training for parents of K-6th graders will be provided. At the middle and high school levels, 13 case managers will be added, as well as two prevention specialists. A summer program, focusing on violence and drug abuse prevention, will strive to improve school attendance. A local managed health care organization will offer training to elementary school nurses and counselors to assist them in the development of their assessment and referral process.

Louisville, Kentucky

Partners:
Jefferson County Public Schools
Seven Counties Services, Inc.
Louisville Police Department

One-third of this project's targeted schools are located in an Enterprise Community. More than one-half of the students are economically disadvantaged, and 60 percent of elementary, 70 percent of middle-school, and 80 percent of high school students receive free- or reduced-price meals.

The goals of Project SHIELD are to: (1) strengthen community partnerships that support safe, disciplined, and drug-free schools; (2) help students develop skills and emotional resilience to achieve positive mental health, engage in pro-social behavior, and avoid violence and drug use; and (3) ensure that students are able to learn in a safe, disciplined, and drug-free environment. To support early childhood development, a Primary Mental Health Program will be conducted, providing individual interactive play sessions for children who are beginning to show adjustment difficulties. To enhance mental health prevention and intervention, Functional Family Therapy and Multi-Systemic Therapy will be implemented. Teacher training will focus on classroom behavior management. To support school safety, teams at the district and school level will be trained on Crime Prevention Through Environmental Design.

Baltimore, Maryland

Partners:
Baltimore City Public School System
Baltimore Mental Health System, Inc.
Baltimore City Police Department

This year, the Baltimore City Public School System will serve 105,379 students. Of these students, 67.9 percent qualify for free- and reduced-price meals. Homicide is the leading cause of death for adolescents, with a violent death rate of 146.6 per 100,000 youth; the juvenile arrest rate is three times the national average at 685.3 per 100,000 youth. The special education rate for the district is 38 percent higher than for the rest of the state, and only 36 percent of high school students graduate on time.

Through a citywide process, the school district will work toward the following goals: children will enter school ready to succeed, children and young adults will receive an effective education, children will live in nurturing families, children will live in safe communities, and families will become self-reliant. The initiative will ensure that pregnant youth and young mothers in target schools are linked with home visiting and clinic-based programs, including access to nurses. Plans also include a substantial increase in after-school, summer school, and family support programs. Mental Health Systems and the Public School System will jointly oversee an extensive program of school-based mental health services, and wraparound services will be developed. Neighborhood parent liaisons will assist and support linkages to parents, while an energized program of community policing will increase law enforcement involvement in schools and surrounding areas.

Springfield, Massachusetts

Partners:
Springfield Public Schools
Commonwealth of Massachusetts
Department of Mental Health
Springfield Police Department

The poverty rate in Springfield is 17.7 percent, and the city ranks 341 out of 354 towns and cities in Massachusetts for median household income. In 1998-99, 77 percent of Springfield students received free- or reduced-price meals.

Early childhood psychosocial and emotional development programs will serve all high-risk families with young children and all high-risk mothers prior to the birth of a child. Physical and mental health services, including parenting skills training, family support opportunities, crisis intervention, and integrated therapy to caregivers and teachers, will address the social and emotional needs of children. Alternatives to substance abuse and violence are proposed through social and recreational activities and mentoring. School and community mental health preventive and treatment services will consist of screening and assessment in the school setting, school-based mental health prevention and early intervention services for at-risk students and their families, referral and follow-up with local mental health agencies, training and consultation to school personnel and support services to families. Educational reform will consist of two training and development efforts in the public schools—both designed to address bullying, harassment, and violence, and to promote early identification and strategic intervention strategies aimed at problem student behaviors. A safe school environment will be accomplished by school resource officers, school facility design, and school security measures.

REACTION

A Reaction to the Tragedy at Columbine

> "The world that my son is growing up in is not the world that I grew up in. And I've got to be in his world if I'm going to be able to be his dad.... You've got to bridge it."

*–**Mike Woodruff**, Associate Pastor, Christ Church, Chicago, and Leader in Young Life Christian Fellowship*

Lansing, Michigan

Partners:
Lansing School District
Clington-Eaton-Ingham Community
Mental Health Board
Ingham County Sheriff's Department

The Lansing School District serves students in 34 elementary schools, four middle schools, and three high schools. Over one-quarter of the district's students live at or below poverty level. Current mental and physical health services do not meet the great need of many high-risk families, especially those with preschool children.

An extensive network of early childhood services, coordinated at the community level, will be oriented for high-risk children from birth to age 5 and their families to assure that children enter school ready to learn. The early childhood program will include increased personnel for family consultation, outreach, screening, referral for mental health and other services, improved connections with primary health care, and enhanced preschool programs. Screening and referral for high-risk kindergarten children, a casualty of previous budget cuts, will be reinstated. School staff, including kindergarten teachers, will be trained in timely recognition and referral of troubled students and families before violence occurs. Evidence-based prevention programs will include parent education, increased parental involvement, and teaching children and youth skills to avoid substance abuse and violence.

St. Louis, Missouri

Partners:
St. Louis Public Schools
City of St. Louis Mental Health Board of Trustees
St. Louis Metropolitan Police Department

St. Louis, with a population of 397,000, is one of the poorest cities in the nation. Almost one in four city residents, and over 55 percent of their children, live in poverty. The district experiences a high school cumulative dropout rate of 61 percent.

The St. Louis Partnership for Safe Schools/Healthy Students aims to help youth develop the skills and resources to avoid drug use and violent behavior and to establish and maintain safe, disciplined, drug-free school environments. Early childhood psychosocial and emotional development programs will be coordinated through a case management system. Three training courses in substance abuse and violence prevention will be conducted, and the Safe and Drug-Free Schools Program will train school prevention teams in all elementary, middle and high schools. School and community mental health prevention and treatment services will be provided in two, seven-school clusters as a pilot for school-linked services to be implemented across the community. The International Institute will support mental health services for immigrant families. Educational reform efforts will consist of training students in grades 2 to 12 as conflict managers and establishing student-led mediation services at middle and high schools.

Raleigh, North Carolina

Partners:
Wake County Public School System
Wake County Human Services Agency
Wake County Sheriff's Department and City of Raleigh Police Department

The Wake County School District serves 92,000 students. Risk factors in the community include 10.32 juvenile violent crime arrests per 1,000 children in 1996, compared to 1.82 for the state and 1.34 for the nation, as well as 4.03 juvenile drug arrests per 1,000 children in 1996, compared to 2.35 for the state and 2.07 for the nation. Nearly 10 percent of students were living in families in poverty, and 21.6 percent of students receive free-and/or reduced-price lunches.

REACTION

A Reaction to the Tragedy at Columbine

> "Listen to your children. They are some of the wisest people that you will ever talk to. They have such good judgement. They can spot phonies a mile away, and they can tell you—if you let them—when they are afraid and when they're concerned."
>
> *–Attorney General Janet Reno*

Early childhood programming will include expanding the existing community-wide capacity to provide in-home support services for at-risk families in communities with high concentrations of multiple risk factors. Community mentoring organizations will provide individual mentors for students considered at-risk. The program will provide diversionary options for adjudicated youth, as well as disciplinary options for all students. School-based screening, assessment, referral, and follow-up services, along with mental health prevention and early intervention services, will be expanded. Substance abuse programs and in-home support services for families with young children will also be expanded. Training will be provided for preschool, kindergarten, and other teachers and staff, as they work with youth in various classes and after-school programs.

Winston-Salem, North Carolina

Partners:
Winston-Salem/Forsyth County Schools
Center Point Human Services
Winston-Salem Police Department

Winston-Salem/Forsyth County Schools serve a student population in a small urban community. Infant mortality is substantially higher than in the rest of the state. Approximately 18 percent of children live at or below the poverty level. Since 1994, violent crime rates for youth under age 18 have been higher than the state and national levels, and each year more than half of all young offenders in the county have been arrested for violent and assault crimes. Drug arrests among county youth have doubled since 1994.

A maternal home visitation program will be implemented with teenage mothers to improve prenatal care and early childhood development. Pre-K and kindergarten mental health services will be expanded to link young children to mental health services and to remedy or improve problem behaviors early. Elementary students will be provided with an age-appropriate and grade-sequential curriculum that will cover topics such as problem-solving skills, violence prevention, school dropout issues, and character education. Parents will be offered training in violence prevention, communication, discipline, and problem-solving. Students living in neighborhoods with high juvenile crime rates will be offered after-school programs designed to increase the involvement of caregivers and parents in their children's education and to provide extended-day care during peak hours of juvenile crime. Teachers and administrators will receive training in bully prevention, anger management, and violence prevention, and will be provided with intervention and referral information. The number of full-time school resource officers at middle schools will be increased to help reduce truancy rates. Surveillance cameras will be installed in schools located in neighborhoods with high juvenile crime rates.

REACTION

A Reaction to the Tragedy at Columbine

> "Children, particularly adolescents, are at a most critical and and tumultuous point in their lives. The importance that emotional stability plays in their education is, at best, powerfully understated."
>
> –*Robert Ashworth*, *Toledo, Ohio*

Cleveland, Ohio

Partners:

Cleveland Municipal School District
Cuyahoga County Mental Health Board
City of Cleveland Police Department

Eighty percent of Cleveland's students receive free- or reduced-price lunches. Eighty percent of elementary school students in Cleveland reported that they had seen someone being beaten up at school, and 40 percent had seen someone being shot at.

Project SYNERGY will serve high-risk students and families in 10 elementary schools, five middle schools and five high schools. For elementary, middle and secondary school students, the project will implement several drug and violence prevention strategies, including a program designed to influence social norms and strengthen social skills. The partners will also provide a part-time mental health intervention specialist to reduce the mental health consequences of exposure to violence and victimization. The specialists will also establish an intervention assistance team in each of the participating schools to screen and assess students who have health, emotional, behavioral or learning concerns. Additional teacher professional development instruction will be offered in mental health, as well as in drug and violence prevention. As part of the district's ongoing reform efforts, the project will expand instruction time and after-school activities.

Columbus, Ohio

Partners:

Columbus Public Schools
Franklin County Alcohol, Drug Abuse and Mental Health Board
City of Columbus Department of Public Safety

The Columbus School District serves almost 65,000 students. The student graduation rate is 56.8 percent, well below the state performance standard of 90 percent. Thirty-seven percent of the students are considered economically disadvantaged. In 1994, Columbus was designated an Enterprise Community, with 18 census tracts in the city center that qualified for the designation. In March 1999, Empowerment Zone status was conferred.

Through the establishment of school/community Resource Development Teams assigned to serve a high school and its feeder middle and elementary schools, students and families will be linked with education, prevention, intervention and referral services in the school and community. Pre-K and Head Start programs will be strengthened and expanded, especially through the addition of school nurses. Reading programs will be piloted to assist in the early development of reading skills. Prevention and early intervention programs and services will be made available to schools as needed from Community Mental Health Services. A Safe Schools Audit will be conducted of all policies, procedures, and activities, followed by an expansion of after-school programs to students in all schools.

Portland, Oregon

Partners:

Portland Public Schools, District 1
Multnomah County Community and Family Services
Multnomah County Juvenile and Adult Community Justice

Portland Public Schools, the largest district in the Pacific Northwest, serves 55,831 students from inner-city, suburban, and rural communities. Thirty-eight percent of the students qualify for free- or reduced-price lunches.

Citizens in the district speak over 60 different languages and students whose home language is not English represent 8 percent of total enrollment.

The Portland Partnership Plan will ensure that all students attending Portland Public Schools can learn in a safe, healthy, disciplined, and drug-free environment. Early childhood psychological and emotional development programs will be provided by building the capacity of the child care provider system. Identification, assessment and referrals for students in need of mental health services will be expanded in schools that serve many of the district's high-risk students. Mental health specialists will provide individual and group therapy services for students and their families and consultation to these middle and alternative schools. Safe school policies will link policies and practices used to respond to attendance and disciplinary violations with services and supports necessary to improve student behavior and increase school safety.

REACTION

Reactions to the Tragedy at Columbine

"I am a parent, not a social worker, but I believe until the schools start looking at our kids as individuals and start addressing them according to their needs, we are going to continue to have this problem. We need our schools to implement programs that will encourage kids to acclimate to their peers, not a climate that serves to ostracize them."

–Linda Marinovich, Seattle, Washington

"...as an educator, I feel that we need more guidance counselors in schools. We are unable to handle the great numbers of social concerns affecting our students."

–Christine Miller, Freeland High School, Freeland, Missouri

Springfield, Oregon

Partners:

Springfield School District 19
Lane County Health and Human Services Department, Mental Health Division
City of Springfield Police Department

More than 14 percent of families with children under the age of 18 who live in Springfield School District 19 are below the poverty line. The percentages of students on free- or reduced-price lunches are near 27 percent in Eugene, 36 percent in Bethel, and 33 percent in Springfield. In the spring of 1998, Springfield was the site of tragic events in which a student shot and killed fellow students and his parents.

The project goals of the Springfield Urban Safe Schools Consortium are to help students develop the skills and resilience necessary to promote positive mental health, engage in prosocial behavior, and prevent violent behavior and drug use; to ensure that all students in these school districts are able to learn in a safe, disciplined, and alcohol- and drug-free environment; and to help develop an infrastructure that will support community development and institutionalize and sustain integrated services after Federal funding has ended.

The Effective Behavioral Support (EBS) system, a successful drug and violence prevention and early intervention system that is already in place at some schools, will be expanded. The EBS system will include early prevention services to promote mental health. It will make schools a major partner and an access point for mental health services and ensure that services are delivered at schools. Other activities will include increasing partnerships with law enforcement, implementing mentoring programs, addressing behavioral issues among high-risk youth, and addressing family violence. To increase school safety, the Crime Prevention Through Environmental Design analysis of schools will be completed.

Philadelphia, Pennsylvania

Partners:

Schools District of Philadelphia
Cabinet for Children and Families
Philadelphia Police Department

Philadelphia, the fifth largest school district in the country, enrolls more than 210,000 children, of whom nearly 80 percent come from low-income families. The average rate of high school graduation is 52 percent. In some high schools, the rate drops as low as 20 percent.

The goals of Philadelphia's Taking Prevention to Scale plan are to increase the number of children entering 1st grade with the social, physical, cognitive, and emotional skills required for learning; increase the number of students promoted and ready to graduate from high school prepared for post-secondary success; and decrease the frequency of, and prevent the occurrence of, further youth-related violence and crime. Activities to achieve these goals include increasing the number of family centers and home services for early intervention; strengthening school academic and mental/behavioral health service systems; creating alternatives to violence through more after-school, community, and year-round recreation programs; and creating more truancy courts.

Pittsburgh, Pennsylvania

Partners:

School District of Pittsburgh
Allegheny County Department of Human Services
The City of Pittsburgh Police Bureau

The large urban school district of Pittsburgh enrolls nearly 40,000 students. Sixty-four percent of students receive free- or reduced-price lunches, and 32 percent of families receive public assistance.

The goals of the Pittsburgh Safe Schools/Healthy Students Initiative are to help Pittsburgh Public School (PPS) students develop the skills and emotional resilience necessary to promote positive mental health, engage in prosocial behavior, and prevent violent behavior and drug use; ensure that all students who attend PPSs are able to learn in a safe, disciplined, and drug-free environment; and develop an infrastructure that will institutionalize and sustain integrated services after Federal funding has ended.

REACTION

A Reaction to the Tragedy at Columbine

> "We (as students) want to be involved in our community. We want safe after-school activities and we want to be part of a team. We want positive images in our life, in our schools and in our families. We want to make a difference. We want our families and communities across the country to be involved in making a difference with us."
>
> –*Guilford Lakes Elementary School, Do Something Group,* Guilford, Connecticut

The early childhood program will train parents and develop a parent support network. It will also provide support to supplement home and preschool experiences for children with readiness deficiencies. Alcohol and other drug and violence prevention activities will include educating parents through regionally sponsored workshops and seminars at schools and in communities. School and community mental health services will include training school staff on how to conduct and/or access screening and assessment services, as well as increasing the availability of behavior health professionals. Additional services will include hiring and training three parent support specialists.

Houston, Texas

Partners:

Houston Independent School District
Houston Health Department
Houston Police Department

Houston Independent School District, the largest school district in Texas, is made up of two contiguous school feeder patterns, serving 212,000 students. Student involvement with alcohol and drugs is over-represented at every grade level. Even in elementary school, the rates of marijuana use doubled, from 2 percent in 1996 to 4 percent in 1998. The school district also has high rates of school violence and victimization, suspensions, dropout, truancy, and expulsions.

The Houston Safe Schools/Healthy Students Initiative will hire infant mental health specialists to provide school- and home-based services to preschool children. The initiative will implement a multi-family relationship-building program and establish after-school programs. An existing comprehensive dropout-prevention program will be expanded to serve 13 additional elementary schools, employ additional clinical social workers and counselors, and offer case management and coordination services. The initiative will establish programs to reintegrate students from the juvenile justice system and to manage information and analyze data on violent and noncriminal incidents. School security measures will be strengthened and increased by installing metal detectors and surveillance cameras at all school facilities and assigning probation officers to the high schools.

Bremerton, Washington

Partners:

Olympic Educational Service District
Kitsap, Jefferson, Peninsula & West End Mental Health Services and Behavioral Health Resources
Coalition of Nine County and Community Law Enforcement Agencies

A total of 55,000 students from urban, suburban, and rural communities and school districts will be served by the Olympic Educational Service District (OESD) Safe Schools/Healthy Students program. Kitsap County is an urban region with a large, decaying inner city. Seven tribal communities are in the region and approximately 2,300 students attend local schools.

OESD, through Special Education Departments, Head Start, and an Early Childhood Education Assistance Program, will expand and enhance services for children from birth through kindergarten. Prevention and intervention specialists will provide student assistance programs at the middle and high school level. Mental health therapists will be assigned to serve schools, and the OESD will contract with local community mental health agencies to deliver key mental health services. Multisystemic therapy will be delivered to students who need intensive services. Safe school policies will continue to be implemented and reinforced through the activities of the Regional Crisis Response Team. Proposed strategies for educational reform include professional development and training that entails classroom management; crisis planning and preparedness; a violence, alcohol, and other drug prevention curriculum; and discipline.

Madison, Wisconsin

Partners:
Madison Metropolitan School District
Dane County Department of Human Services
Madison Police Department

The Madison Metropolitan School District (MMSD) serves approximately 25,000 students. Between 1990 and 1998, the percentage of low-income students rose from 20 percent to 25 percent. The suspension rate has risen dramatically, and there are increases in the rates of truancy, violent and disruptive behavior, drug and alcohol use, low birth weight babies, and crime.

The goals of the MMSD and its partners are to focus on creating a safe school environment, helping students reach their full potential, building the assets needed for a successful transition to adulthood, and building a greater sense of community among children and adults in Madison schools. Major initiatives include expanded after-school programming, new interdisciplinary positive behavior support teams for the schools, expanded home visitation services for families with young children, professional development for frontline youth-serving staff, an expanded Educational Resource Officer Program, and an array of school security and remodeling improvements.

SUBURBAN SITES

San Luis Obispo, California

Partners:
San Luis Obispo County Office of Education
San Luis Obispo Department of Mental Health
San Luis Obispo County Sheriff's Office

Twenty percent of family households in San Luis Obispo County are headed by a single parent. Thirty-six percent of the families live below the poverty level. Up to 28 percent of the students qualify for free- or reduced-price lunches.

REACTION

A Reaction to the Tragedy at Columbine

> "It starts with parents. Parents simply need to be more involved, responsible, observant, and accessible to their children. Early monitoring and intervention programs must be created and implemented."
>
> –*Charles Mittelstadt, parent, Atlanta, Georgia*

The San Luis Obispo County Safe Schools/Healthy Students Program will add two part-time resource teachers to give early childhood teachers time to screen, identify, and work with young children who are at risk for behavior problems and with families, sometimes through home visits. The Department of Mental Health will provide a diagnosis and referrals, individual and family counseling and solution-focused interventions. Mental health consultants will be added in 11 new preschool sites. Elementary school children and their families will participate in a violence and substance abuse prevention program. The initiative will also provide literacy and social skills training for monolingual Spanish families. A counselor will be hired to develop and implement a program to reintegrate students from the Court Community Schools into public school districts. Two part-time community safety resource specialists will organize community events and training in school safety.

Oahu, Hawaii

Partners:
Central Oahu District
Hawaii Department of Health
Honolulu Police Department

The Central Oahu District enrolls 34,500 students. Approximately 10 percent of the students require special education services. Students dismissed from school for possession of a weapon, possession or use of illicit drugs, and other serious offenses jumped from eight incidents in 1996-97 to 30 incidents last year.

Six new preschools with a structured curriculum involving parent and child will be implemented and serve as a means to network additional services to these families. Each school's Community-Based Management Council will increase the number of children in preventive/wellness activities, including academic support services, after-school programming, and referrals to early intervention activities. Staff development will focus on early identification and ways to motivate all children to reach high standards through meaningful, differentiated instruction. A district action team will ensure school safety through training, developing crisis plans, utilizing school resource officers, and using retired police officers in dual roles as mentors and security officers.

Cicero, Illinois

Partners:
J.S. Morton High School District
Filmore Center for Human Services
Berwyn & Cicero Police Departments

This suburban district serves 6,000 students. At least 38 percent of the students in the district qualify for free- or reduced-price lunches. The truancy rate and dropout rate for the area are higher than the state average. The teenage pregnancy rate is increasing: One to two new pregnancies are reported each week. Over the past 10 years, there has been a 70 percent increase in the number of persons living below the poverty level.

The district's integrated, comprehensive community-wide strategy is aimed at fostering healthy child development, preventing the initiation of violence and abuse of alcohol and other drugs, and enhancing mental health and social services for at-risk youth and families. A community health educator will facilitate a variety of programs specifically for teen mothers. Teen mothers will also receive home visits, assistance with day care, health care services, and preschool services. A new violence prevention curriculum will be implemented at 20 elementary schools. To foster attachment to adult role models, community mentors will work to establish recreational and/or learning experiences through after-school programs. A network of case managers specializing in working with high-risk families will provide wrap-around services. A bilingual/bicultural psychologist will facilitate student assistance programming. Outreach workers will make home visits to truant students to increase attendance and graduate rates. Each school will undergo a safe school audit; school resource officers will be added and appropriate security measures will be instituted.

Auburn, New York

Partners:
Auburn Enlarged City School District
Cayuga County Health & Human Services Department
Auburn and Port Byron Police Department

The Cayuga County School District includes Auburn and Port Byron, which have been plagued by chronic school-related bomb threats. High percentages of students drink, smoke, use weapons, or have had weapons used on them. Widespread school-related violence is leading to exceptionally high suspension rates. The teen pregnancy rate in Cayuga County is 10 percent higher than that of the state.

The Cayuga Partnership Project will provide prenatal and postpartum home visits by nurses and clinical social workers to 75 high-risk families annually, as well as enhanced day care for the children. For school-aged children, the partnership will provide training on the relationship between mental health, substance abuse, violence in families, and violence by children. To promote healthy lifestyles, improve educational performance, and provide alternatives to risk-taking behavior, the project will expand after-school and weekend programming. A zero-tolerance drug curriculum will be established at six middle schools. A developmental program for teachers in all grades, designed to promote equal support and treatment of both low- and high-achieving students, and a program to help parents become more involved in their children's education will help support educational reform. School Resource Officers will assist in implementing school and after-school programs to reduce truancy and increase graduation, enhance non-violent conflict resolution skills, and lower alcohol and substance abuse rates.

Westbury, New York

Partners:
Board of Cooperative Educational Services of Nassau County
South Shore Child Guidance Center and North Shore Child and Family Guidance Center
Freeport and Westbury Police Departments

The Freeport and Westbury school districts serve over 10,000 students. Forty-four percent of all Freeport students receive free- or reduced-price lunches. Seventy-two percent of all Westbury students are eligible to receive free- or reduced-price lunches. In Freeport, 49.9 percent of students lived at or below the poverty line in 1995.

REACTION

A Reaction to the Tragedy at Columbine

> **"Schools must have two necessary elements: aware parents and aware faculty. I think parents need to be educated on how to tell if their child is troubled, and what they can do about it. Teachers and school counselors need to work together to evaluate their students."**
>
> *–Holli Eddins, college student, New Orleans, Louisiana*

The project will establish and maintain comprehensive school programs and integrated community partnerships among school, community, and multidisciplinary agencies and organizations in order to build safe and drug-free schools. An early childhood program will promote psychosocial and emotional development through home visits to low-income families with young children. Alcohol and drug use prevention and early intervention programs will involve families and communities, help change their attitudes regarding substance abuse and violence, and provide students with alternatives. Mental health care agencies in each community will provide workshops on identifying early signs of drug and alcohol use, and violent and suicidal behaviors, as well as referrals and follow-up. Law enforcement officers will participate in after-school and summer programs to provide opportunities for positive interaction with students.

Yonkers, New York

Partners:

Yonkers City Public Schools
County and City Mental Health Department
Yonkers Police Department

The school district serves over 25,000 youth. Approximately 71.2 percent of students receive free- or reduced-price lunches. Yonkers' crime and drug statistics are six times the rate of its wealthy Yonkers-Westchester neighbors; about 80 percent of the crime is drug-related.

A comprehensive network, maintained by a multidisciplinary advisory council, will provide a continuum of integrated services to meet the developmental needs of children through young adulthood. Early childhood educational efforts include providing home visits, family support, and early literacy services to young children and their families, all day pre-kindergarten for all students, and staff training. Efforts also include promoting parent involvement and education and working with teen parents. Alcohol/drug and violence prevention includes social skills programming in elementary schools, conflict resolution/peer mediation for all students, and student assistance counseling. In mental health, schools will use student support teams composed of professionals and a network of coordinated case conferencing. Safe school policies will include law enforcement partnerships to bring local police officers into schools. Establishing or strengthening alternative or transitional programs for middle school students, or for those returning from incarceration, is also included.

REACTION

A Reaction to the Tragedy at Columbine

"You see when we all take an active interest in each other as friends, parents, teachers, and administrators, not only do we gain a better appreciation for relationships, but we have an even greater value for life."

–Mike Chodroff, *East Brunswick, New Jersey*

Anderson, South Carolina

Partners:

Anderson School District Five
Anderson-Oconee-Pickens Mental Health
Anderson County Sheriff's Department

Anderson School District Five serves 11,101 students, representing more than 40 percent of the county's school-age population. In 1996, more than a third of the babies born in the county were born to single mothers. In 1990, more than 21 percent of all children in the county lived in single-parent families, up from 10 percent in 1970.

The Initiative will provide increased security and will add and expand resources and services with long-term effects to ensure that children grow up in a safe, healthy atmosphere. Early childhood development will be addressed by working to refine and implement an early childhood initiative targeting children from birth to age 6. A Family Resource Center will provide assessments, referrals, and follow-up for students and parents experiencing drug-related problems, emotional stress, behavior concerns, or adjustment problems. The school-based Student Assistance Program will be expanded through the services of two behavioral health counselors. Also, nine full-time school-based mental health therapists will be hired to serve all 15 schools. Safe school policies will be strengthened by expanding the elementary alternative behavior control classes from one site to nine sites. A safe school environment will be accomplished by training four community police officers and adding security cameras, electronic entry systems, two walk-through metal detectors, and a security assistant at each middle school.

Georgetown, Texas

Partners:

Georgetown Independent School District
Bluebonnet Trails Community Mental
Health and Mental Retardation Center
Georgetown Police Service Division

The Georgetown Independent School District (GISD) serves 7,300 students (including 2,000 preschool students) and is located in one of the nation's five fastest-growing counties. This generally affluent suburb is also home to pockets of socioeconomically disadvantaged citizens; one in five children live in poverty and 25 percent of students are eligible for free- or reduced-price lunches.

The cornerstone of the GISD Safe Schools/Healthy Students Program will be a Family Resource Center, serving 100 children and families, and creation of a network of primary, secondary, and tertiary prevention systems through parenting, conflict resolution, mentors, and prevention curricula. The GISD initiative will implement parent training and home visit programs. A comprehensive approach to alcohol, other drugs, and violence prevention and intervention programming will include a research-based curriculum, the hiring of a student services coordinator to implement programming, peer mediation and peer counseling projects, student leadership opportunities, the hiring of a full-time counselor with a speciality in substance abuse, and a community mentoring program. School resources officers will be hired to enhance school safety initiatives that include surveillance, lighting, fencing, and crisis management.

Farmington, Utah

Partners:
Davis County School District
Davis County Mental Health and Substance Abuse
Layton City Police Department

The Davis County School District serves 58,903 students, and is growing at a rate of 2 percent per year. Sixty-eight languages are spoken within the district. A 1998-99 assessment identified overcrowded schools, lack of affordable housing, teen pregnancy, drugs, alcohol, crime, and family violence as the highest areas of risk. The county's youth suicide rate is four times higher than the national average. The county also has the highest number of juvenile sex offenders in the state.

Project BRICK is designed to promote safe, drug-free, and orderly learning environments by increasing students' abilities to make positive decisions and to avoid high-risk behavior. Prevention education in grades K-12 will include alcohol and other drug issues, anti-violence programming, and respect-building. Each elementary school will have a Case Management Team that will intervene and assist students. The junior high component includes a Student Assistance Program for students who have been referred. Prevention programming, service learning, and careers programs also offer students opportunities to set goals and look toward the future. School reform will expand after-school programs for all students, not only at-risk populations. A Family Educational Counseling Center will be established and staffed jointly with mental health and district personnel.

Norfolk/Portsmouth, Virginia

Partners:
Norfolk Public Schools
Norfolk & Portsmouth Department of Public Health
Norfolk & Portsmouth Police Departments

The Norfolk/Portsmouth Project will serve 36,000 students in the Norfolk school district and 17,500 students in Portsmouth. In Norfolk, 15 percent of the families are at or below the poverty level, with 63 percent of students receiving free- or reduced-price meals. In Portsmouth, 19 percent of families are at or below the poverty level, with 56 percent of students receiving free- or reduced-price meals. Youth in the two cities commit 26 percent of all homicides committed by youth statewide.

The project is a community-wide approach to creating a safe school environment, free of alcohol, drugs, and violence. Home visits by nurses, clinical therapists and outreach workers will assess the dental, nutritional, housing, educational, employment, counseling and mental health services available to families with young children at risk for neglect. Existing family-focused programs for first-time parents at risk for abuse or neglect or with medically high-risk pregnancies will be expanded. An assessment of bullying in all schools will be used to design individual interventions for children identified as bullies or as victims of bullying. Alternative school programs will be available in all the middle schools for students who are on expulsion or long-term suspension for drugs, violence, or weapons infractions. Parent attendance technicians will visit the homes of students who are habitually truant in order to work with their families.

REACTION

A Reaction to the Tragedy at Columbine

"Even though we have large schools, we need to somehow break those large schools into smaller units so that we can have some caring adult that will interact with every single child on a daily basis."

–Eddie Davis, NEA Executive Board and High School Teacher

RURAL SITES

Delta Junction, Alaska

Partners:
Delta/Greely School District
Family Centered Services of Alaska, Inc.
State of Alaska Department of Health and Social Services, Youth Corrections

The Delta/Greely School District serves 1,600 students. In 1990, 12 percent of the area population had incomes below the poverty level. Currently, 48 percent of students qualify for free- or reduced-price lunches.

A comprehensive array of services, coordinated throughout the school district, will be implemented for high-risk students (K-12) and their families to improve school safety, reduce or eliminate childhood risk factors before they develop into more serious problems, and better prepare students to learn. The home-based childhood development component will serve 100 high-risk families and children. The alcohol and drug use component provides prevention services to elementary schools. Specially trained aides will focus on students at high risk for developing mental health disabilities or those already identified as such. The summer program component will include four academic/computer technology classes and two career counseling sessions. To ensure safe school district facilities, a community probation officer will serve all youth on court-ordered probation.

Show Low, Arizona

Partners:
Northern Arizona Academy
Community Counseling Centers, Inc.
Navajo County Health Department
Superior Court of Navajo County

A recent survey indicates that approximately 59 percent of the Indian youth in Northern Arizona Academy live below the poverty level; 43 percent come from single-parent homes and 60 percent demonstrate low academic achievement. At the largest campus (Winslow), 48 percent of the students have been incarcerated one or more times, and 61 percent are currently on probation. Sixteen percent of the students are parents (37 percent of these are young mothers), and, at the time of the survey, 25 percent of the female students were pregnant.

The Safe Schools/Healthy Students Initiative seeks to reduce risk factors and promote a safe and drug-free environment. The Navajo County Health Department will coordinate multiple interventions—implementing prenatal physical health home visitations, immunizations, parent training, social service linkages through referrals, and advocacy systems for students and their parents. A registered nurse will provide home visits for mothers and infants. To address alcohol and other drug and violence prevention/intervention, several opportunities will be available: Alcoholics Anonymous and Narcotics Anonymous support groups, Big Brothers/Big Sisters, youth leadership and mentoring programs, and cultural awareness and sensitivity training. Community Counseling Centers will provide on-site counseling and training in assessment, casework, and service delivery.

REACTION

Reactions to the Tragedy at Columbine

> "Having many classes, organizations, activities, and school-supported functions allows students an opportunity to express their thoughts and opinions on any issue that may cause them concern. These functions allow interaction among students, parents, teachers, and the public. When school systems supply students with school-sponsored functions, the system communicates that it is prudent for students to confide in, and form, a healthy relationship with their faculty and staff."
>
> *–Students of Cherokee High School, Rogersville, Tennessee*

Baxley, Georgia

Partners:
Appling County Board of Education
Pineland Mental Health
Baxley Police Department

In Appling County, over 30 percent of families live below the poverty line, and almost 60 percent of students receive free- or reduced-price lunches. The county has no alternatives, other than suspension or expulsion, for intervening with middle and high school youth who demonstrate substantial and repeated risk behaviors. Last year there were 2,328 in-school suspensions and 33 expulsions. A recent community survey revealed that residents perceive teen pregnancy (54 percent), illegal drugs (53 percent) and alcohol (37 percent) as the three most pressing unaddressed issues for the community.

The project has three overall goals: (1) create a safer school environment for students; (2) create healthier students and families; and (3) increase and enhance school-community cooperation. To accomplish these goals, the project will acquire two School Resource Officers, improve school security measures, enhance substance abuse and violence curriculums, develop a powerful early intervention initiative, and create an alternative education center with a focus on employability. The project will hire four school-based mental health counselors, institute an expanded pre-kindergarten and early childhood outreach effort, develop an after-school program, provide relevant faculty and school staff training, and conduct rigorous refinement of school policy.

Hays, Kansas

Partners:
Hays Unified Schools District #489
High Plains Mental Health
Ellis County Law Enforcement

The number of economically disadvantaged students in the Hays school district has increased 27 percent since 1989. Risk factors in the community include births to single teens (an 81 percent increase since 1990) and a 51 percent increase in out-of-home placements of children age 18 and under since 1996. Juvenile court filings have increased by 41 percent, including arrests for battery and for theft. Of the DUI arrests, 29 percent were minors. The graduation rate in the school district has fallen from 97 percent in 1997 to 87 percent in 1998.

To increase the quality and degree of parent involvement in schools, RURAL will engage parents and children in fun, hands-on, after-school science and math activities. Half-price scholarships will be provided to economically disadvantaged students in the after-school program to increase parent buy-in and reduce absenteeism. RURAL will provide community outreach activities that will increase community awareness regarding the prevention of substance abuse and violence. RURAL will also mobilize the community to change the current acceptance of alcohol use, and to promote healthy behaviors. RURAL will provide after-school and summer school programs, a resource library, mental health consultation, service coordination (for families receiving multiple services), a learning center (for students at risk or already dropped out of school), and early intervention services.

Machias, Maine

Partners:
Washington County Consortium for School Improvement
Lubec Regional Medical Center
Washington County Sheriff's Office

Rural Washington County, located in the isolated northeastern coastal area of Maine, is America's most eastern and Maine's poorest county. Poverty and unemployment levels are among the highest in the nation. Rates of homicide, suicide, domestic violence, alcohol and marijuana use are consistently among the highest in the state of Maine. Physical and mental health services and other resources are extremely limited.

The program will focus on the highest-risk population in the total student population of 17,253. The comprehensive program will include family outreach and counseling services; early identification, referral, and treatment for troubled children; increased substance abuse and mental health counseling; parent training; teacher training; and enhanced access for at-risk students to family support services. Working together, school prevention coordinators, faculty, parents, and students will implement programs, such as Second Step, Kids on the Block, and Life Skills Training with the goal of preventing youth violence and substance abuse. Intervention and counseling services will be available to students from qualified counselors contracted from local mental health agencies.

REACTION

A Reaction to the Tragedy at Columbine

"There isn't a parent out there that doesn't want the very best for their own child. [But sometimes] they don't know how to do it. And the community needs to help them get to that point of engagement. And to do that we have got to rely on part of the school personnel."

–Ginny Markell, President of the National PTA

Fertile, Minnesota

Partners:
Fertile-Beltrami Public Schools
Northwestern Mental Health Center
Tri-County Community Corrections

The flood of 1997 had a devastating impact on families residing in rural northwestern Minnesota. Many families already in the midst of a farming crisis were left homeless. Five schools were condemned and three suffered major damage, resulting in a 118 percent school mobility rate. The area has the third highest rate of child abuse and neglect in the state. The area also has a 16.5 percent out-of-home placement rate, compared to 0.7 percent rate statewide. Over one-third of all families live at or below the poverty line, and almost

40 percent of the students qualify for free- or reduced-price lunches.

A home-based public health nursing program will reach out to at-risk mothers and teen parents to improve positive parenting skills. School and community facilitators will oversee expanded after-school programs, match children with mentors, and institute parent/school forums. Teachers will be taught how to identify, and refer for individual and group therapy seriously at-risk or severely emotionally disturbed children and adolescents. A resource directory of family services will also be developed and distributed to allied agencies. Teachers will be trained in resiliency and how to involve students in activities that utilize restorative justice practices. To ensure that safe school policies are followed by all students, materials will be translated in Spanish and ongoing policy reviews will be made.

REACTION

A Reaction to the Tragedy at Columbine

> "Schools should provide stimulating after-school programs at a minimal cost to parents so that kids are not left alone and neglected for long periods of time."
>
> –*Susan Dawson Cook*, *Tucson, Arizona*

Missoula, Montana

Partners:

Missoula County Public Schools
Western Montana Mental Health Center
Missoula Police Department
Missoula District/Youth Court

Missoula County Public Schools serves 9,214 students, 34 percent of whom qualify for free- or reduced-price lunches. Over the past 10 years, Missoula County has grown by 13 percent. Criminal behavior, including felony assault, rape, and robbery, has increased by 53 percent, and incidents of domestic violence by more than 31 percent. From 1993-96, alcohol and other drug citations increased at a rate that is twice the national average, while 35 percent of the youth indicate life is not worth living.

School-based resource teams (SRT), school personnel, youth prevention specialists, family advocates, school resource officers, mental health specialists, and youth probation officers will provide a coordinated and comprehensive network of outreach, assessment, prevention, intervention, linkage, and referral for students and their families. This initiative will enhance the capacity of "Neighborhood Nurses" to provide critical home-visiting services to at-risk families in targeted areas. The initiative will also use Even Start team members to provide family literacy programs, preschool, and enhanced day care for at-risk families. For elementary, middle, and high school students, the initiative will increase after-school activities, summer programming, and school-community interaction. A Youth Probation Officer working with the SRT will facilitate transitions for students returning to school from a juvenile justice placement. Flexible alternative educational programs will be in place to help at-risk students achieve success.

Gallup, New Mexico

Partners:

Gallup-McKinley County School District
Rehoboth McKinley Christian Health Care Services
The Gallup Police Department

The Gallup-McKinley County School District serves a student population of 14,400 students. Roughly half the county lies within the Navajo Indian Reservation. English is a second language for 57 percent of these students. Roughly 85 percent of the student population qualifies for free- or reduced-price lunches, and 43 percent of the county's residents live in poverty. The county's unemployment rate is 11 percent, and on the Navajo Reservation it can exceed 40 percent.

To enhance early childhood development programs and mental health prevention and treatment services, a school health coordinator will be hired. This person will be responsible for case management and for the overall coordination of all mental health, psychosocial, and early childhood development services rendered to students in need. A student-focused suicide prevention program will be initiated. After-school academic, enrichment, and physical activities will be conducted in 19 neighborhood-based elementary schools to promote drug and violence prevention and early intervention. Culturally appropriate comprehensive school health programs will also be implemented. A district-wide, age-appropriate, zero-tolerance discipline policy will also be implemented. School safety will be promoted through the expansion of community-oriented policing services to all schools in the district, in conjunction with local law enforcement agencies.

Idabel, Oklahoma

Partners:

Idabel Public Schools
Carl Albert Mental Health
McCurtain County Sheriff's Department

Almost 10,000 people reside in Idabel, with 1,704 students enrolled in the Idabel Public Schools. Almost 70 percent qualify for free- or reduced-price school lunches. Over the past three years, incidents of student drug use and student violence have increased steadily. As a result, last year, almost twice as many students were suspended or expelled from school than in the previous two years. Community members and leaders will develop and implement plans to address minority issues, domestic violence, economic development, Native American needs, safe schools, drug and violence prevention, family wellness, early childhood needs, and school improvement. At the core of these efforts is training on communication, problem-solving, life skills, and early identification of problem behaviors. The initiative will expand its current early childhood efforts to reach more families with children from birth to age 3. A culturally specific curriculum and a rites-of-passage program will also be part of the educational reform efforts. Recreational needs of students will be met through after-school programs and a ROPES course for children ages 10 and up. An extended day program and expanded student assistance services will help students with disruptive behavior or psychological and mental health needs. School security will be enhanced through additional security staff, truancy enforcement, and policy revisions.

REACTION

A Reaction to the Tragedy at Columbine

"Parents should be in the school buildings often. Students would benefit by seeing parents around them and would feel that grown-ups were interested in their lives."
–Leatrice Wise, Fairbury, Nebraska

"We need to be more involved in our children's lives and know what they are doing. We need to find meaningful activities for our children to be involved with."
–Rosalyn Hanson, mother of six, Colorado Springs, Colorado

Redmond, Oregon

Partners:

Crook Deschutes Education Service District
Deschutes County Commission on Children and Families
District Attorney's Office

The Crook Deschutes Education Service District is composed of three school districts, serving 20,000 students in grades K-12. Total juvenile crime in the district increased by 38 percent between 1987 and 1996. The overall suspension and expulsion rate is alarming and consistent. Other serious indicators include a 134 percent increase from 1990 to 1998 in students referred to probation, a rise in the number of students in juvenile justice placements, and an increase in child abuse and neglect cases.

Project goals are to reduce violence in local schools; to reduce the incidence of alcohol, tobacco, and other drug use among youth; to increase student access to mental health/health services; and to increase school completion/graduation rates. Project objectives are to increase law enforcement presence in schools, to expand public awareness of the county's Safe Schools Alliance policies and goals, to establish mentoring opportunities for at-risk youth and after-school skill-based recreational opportunities for middle school youth, and to increase the number of school-based Family Access Network sites. The project also seeks to expand the "First Step to Success" early childhood development program to provide comprehensive school-based mental health assessment and treatment services to train school staff in the early identification of problem behaviors, and to conduct a county-wide policy study and site assessments.

Newport, Rhode Island

Partners:

Newport Public Schools
Rhode Island Department for Children, Youth & Families
Newport Police Department

The Newport School District serves 2,967 students. Of the student population, 2 percent receive "English as a Second Language" and/or bilingual education, and 20 percent receive some level of special education. Fifty-five percent of low-income Newport public school students participate in the School Breakfast Program. The teen suicide and pregnancy rates are significantly higher than the state averages.

Six teams will provide a coordinated set of prevention, education, intervention, and support services. New and existing nurse home visitation services will link with early intervention programs, emergency family services, Head Start, Even Start, and other programs, to strengthen supports to high-risk families with young children, as well as high-risk mothers prior to the birth of a child. In addition to expanded school-based family service coordination, reading skills support will be increased, and intensive transition services for children between preschool and grade school, and elementary and middle school, will be provided. A community-wide mediation program, classroom-based educational programs aimed at decreasing youth violence and substance abuse, a teen hotline, recreational after-school programs, and parent seminars will be implemented.

Tazewell, Tennessee

Partners:

Clinch-Powell Educational Cooperative
Frontier Health and Cherokee Health
Claiborne, Grainger, Hancock, Hawkins, and Union County Police Departments

In the Clinch-Powell area of Tennessee, area school districts have formed a five-county educational cooperative that serves 18,342 students. One of the counties, Hancock County, is the seventh poorest in the nation. Designated a manpower shortage area, Hancock County has no hospitals, three physicians, and one dentist. The percentage of people living in poverty is 34 percent, compared to 15 percent nationwide.

REACTION

A Reaction to the Tragedy at Columbine

> "My suggestion is that parents have to stay involved with their children when they're little and they have to stay involved when they're teenagers. The way they stay involved has to be finessed and it has to be done with love and caring, but your adolescents want you, need you to stay involved with them, and it's critically important that you do."
>
> –*Ted Feinberg, School Psychologist*

Beginning with preschool children, counselors will provide services, referral, and consultation for those exhibiting problematic behavior. The school system will link with the Tennessee Early Intervention System to assess and refer children from birth to age 3 to appropriate services. Elementary school children will receive preventive services, intervention, and referral for treatment from child development specialists. Community service agencies will link with the school systems to assess family-related issues, including alcohol and other drug use. Middle and high school children will have access to mental health counselors and school resource officers. Home school visitors, who are trained social workers, will coordinate with school-based services to ensure continuity between behavior management plans at school and home. School safety strategies will include partnerships with local law enforcement officers and school facility and security measures.

Hamlin, West Virginia

Partners:

Lincoln County Board of Education
Prestera Center for Mental Health Services, Inc. and Action Youth Care
Lincoln County Sheriff's Office

Lincoln County is a chronically depressed rural county in southwestern West Virginia. A 1997-98 survey indicated that over 25 percent of the student population had used illegal drugs and drank to the point of intoxication two weeks prior to the survey. The school reports that student suspensions, truancy, safe school violations, child protective services cases, and juvenile court referrals continue to increase. At least 157 students ages 6 to 17 have emotional and behavioral disorders.

The primary goal of the Lincoln Early Aggression Prevention Program (LEAPP) is to provide support and prevention programs for families to address social, emotional and physical needs of preschool and elementary students. Three new preschool programs will be implemented to involve parents and children in developmental activities designed to prepare the child for successful entry into school. All seven elementary schools participating in LEAPP will have leadership teams coordinated by an in-school social worker. These teams will develop programming and interventions to prevent and reduce student drug use and violence. A mentoring coordinator will link children with mentors. Teachers will be taught how to identify youth with mental health problems and how to refer those students to specialized services provided by the consortium partners. Students who continue to be disruptive in the classroom will be removed and placed in alternative learning classes. To enhance school safety, school resource officers will be a visible presence on campus.

Laramie, Wyoming

Partners:

Albany County School District #1
Laramie Police Department
Southeast Wyoming Mental Health Center

Laramie, a small town of approximately 25,000 people, is the third largest city in Wyoming. Albany County Public Schools had 3,888 students enrolled as of April 1998. Since 1994, some decreases in drug use have been noted for 7th, 8th, and 11th graders. However, the percentage of 10th and 12th graders in the high-risk group remains high. Albany County has the second highest dropout rate in the state.

The goal of the Laramie Community Safe Schools/ Healthy Students Initiative is to provide a community-wide system to: (1) increase the social skills level and prosocial development of all the children in the Laramie community, (2) identify children who are at risk for problem behavior and promptly place them into effective services, and (3) intervene with children who are engaging in negative behaviors and apply an accountability-based, restorative justice model to their treatment/rehabilitation. The initiative will intervene with high-risk families prior to the birth of a child to: (1) prevent poor parenting and child maltreatment, (2) identify high-risk pregnancies and provide parent training, (3) identify at-risk children, based on the risk factors of disciplinary action, drop in grades, drug use and disengagement from school, and provide appropriate evidence-based services during the crisis, (4) offer high-risk youth and their families a service team designed to meet their needs, (5) increase the range of sentencing options, with adequate monitoring for all options, (6) provide comprehensive substance abuse treatment for adolescents, and (7) identify potential violent offenders sooner to provide appropriate interventions.

REACTION

A Reaction to the Tragedy at Columbine

> "More counselors are needed in the schools who will work collaboratively with teachers, parents, and community members to ensure that aggressive or unstable students do not fall through the cracks. Lastly, a nationwide campaign to encourage adults to mentor youth must be mounted. Far too many children are starving for love, support, and attention of a stable adult figure."
>
> *–Heather Smith, graduate student, Oakland, California*

TRIBAL SITES

Pinon, Arizona

Partners:

Pinon Unified School District #4
Chinle Department of Behavioral Health Services
Navajo Department of Law Enforcement

The Pinon School District consists of seven small Navajo communities with a population of about 5,000 people. Only 19 percent of residents over age 16 are employed, and the median household income is less than 20 percent of the rest of the nation. Ninety-two percent of students live below the poverty level and receive free- or reduced-price lunches.

The initiative calls for the design and implementation of an array of services, including prenatal physical and mental health service, and the creation of a family resource center at the school district for drug and violence education. The initiative will also meet student mental health needs through screening and counseling; continuation of sweat lodges—by a medicine man for boys and an elder woman for girls—to provide culturally appropriate healing ceremonies; redesigning and improving the school mental health referral system; implementing the K'ei Program offered by the Indian Health Service, which provides mental health services integrated with traditional Navajo healing; and providing parent education services and intervention programs by mental health agencies during school-sponsored family outreach programs. Education reform will continue through staff development based on effective teaching and learning principles; the reduction of class sizes at all levels, especially the primary grades; the hiring of tutors; and a comprehensive English literacy program for grades pre-K–12.

Wind River Indian Reservation, Ethete, Wyoming

Partners:

Wyoming Indian Schools
Indian Health Service
Wind River Office of Law Enforcement Services

The Wyoming Indian Schools is a small K-12 school district on the Wind River Indian Reservation in West Central Wyoming. There is a high prevalence of drug use and arrests, and excessive rates of suicide, homicide, juvenile delinquency, and accidental death. Existing early intervention programs do not adequately meet the needs of the youth. The Indian Health Service is the only non-reservation provider of mental health services, and can only serve 40 percent of children and families in need.

The program will use the services of health care educators, practitioners, social workers, counselors, psychologists, grandparent advisors, and school resource officers. They will work as a team out of the Intergenerational Family Resource Help Center to provide prevention and intervention programs focusing on the mental and emotional health of the preschool population. These programs will seek to reduce gangs and violence, and incorporate anti-violence and anti-drug curricula throughout the school and community. The Intergenerational Family Resource Help Center will also coordinate and increase the provision of mental health services. A school resource officer will forge the needed link between tribal law enforcement and the school.

Chapter 3 Model Programs—Helping to Improve Schoo

This chapter presents examples of prevention programs that work—programs that are well-designed, have demonstrated effectiveness, and can be implemented as part of a comprehensive school safety plan. While several of the most effective programs are broad in scope, the programs should be viewed as components of a comprehensive school safety plan rather than as stand-alone strategies for reducing school violence. It is important to remember that a safe school is the result of careful planning and a thorough understanding of the school's physical, social, and cultural environment. A critical component of increasing school safety is choosing programs that can be readily

Safety

grams

integrated with other activities to effectively address local needs. It is imperative that schools select programs and strategies based on the results of a thorough needs assessment. Also, community stakeholders must be actively involved in developing and implementing the comprehensive school safety plan. This chapter presents programs that are intended to complement, not replace, those programs presented in last year's *Annual Report*. Not surprisingly, some of the programs are the same, but a year's worth of additional learning has allowed the identification of new, effective programs. The programs cited in this chapter were identified under a U.S. Department of Justice grant to the Hamilton Fish National Institute on School and Community Violence in collaboration with the University of Maryland and Tobler Research Associates.

The data presented in this chapter are drawn from three ongoing studies of school-based efforts to prevent and reduce poor youth outcomes. The studies focus on programs designed to reduce substance use, antisocial and violent behavior, and problem behavior in general.

The following programs have been formally evaluated using school-aged children in school settings, and a comparison group design. They are among the most effective programs examined to date in attaining positive outcomes for youth. It should be noted that many more programs were analyzed than are included here. Supplemental information on the analyses of the programs included in this chapter is available from the Hamilton Fish National Institute on School and Community Violence (www.hamfish.org).

The programs presented in this chapter have been rigorously evaluated in the field and rank among the top 50 percent in terms of strong program effects by at least one of three groups of researchers. Some of the programs have been tested in multiple sites, while others have been implemented in only a single school.

In choosing an appropriate intervention to include in a comprehensive school safety plan, it is important to consider the school environment, the conditions, and populations in which a program has been tested as they may be different from those in which the program is to be adapted. Additionally, schools serve ethnically and economically diverse student populations—populations that may differ from those tested. The selection and replication of demonstrated programs should be based on the goals and objectives identified in the comprehensive school safety plan, adapting the programs as necessary, while maintaining the integrity of their original design. Assessing the effectiveness of these strategies is essential.

VIOLENCE PREVENTION PROGRAMS

ANGER COPING PROGRAM

The Anger Coping Program is designed to provide cognitive behavioral training to preadolescent and early adolescent youth (i.e., 8 to 14 years old), but is also appropriate in an adapted form for younger children and older adolescents. The program is structured for use with groups of children and two co-leaders who administer modeling, role-playing, group problem-solving, and positive reinforcement activities, including a reward reinforcement system for goal achievement. It is recommended that one of the two co-leaders be a site-based school psychologist or school counselor. In general, groups meet for 12 or, in the updated version, 18 weeks, once per week, for 60 to 90 minutes.

In the evaluated sample, 4th, 5th, and 6th grade boys, identified by their teachers as the most aggressive and disruptive at school, were selected as participants. Students were involved with the program for 12 to 18 weeks and exhibited 30 percent fewer antisocial and violent behaviors following participation in the program relative to a comparison group. The sample included both White and Black students.

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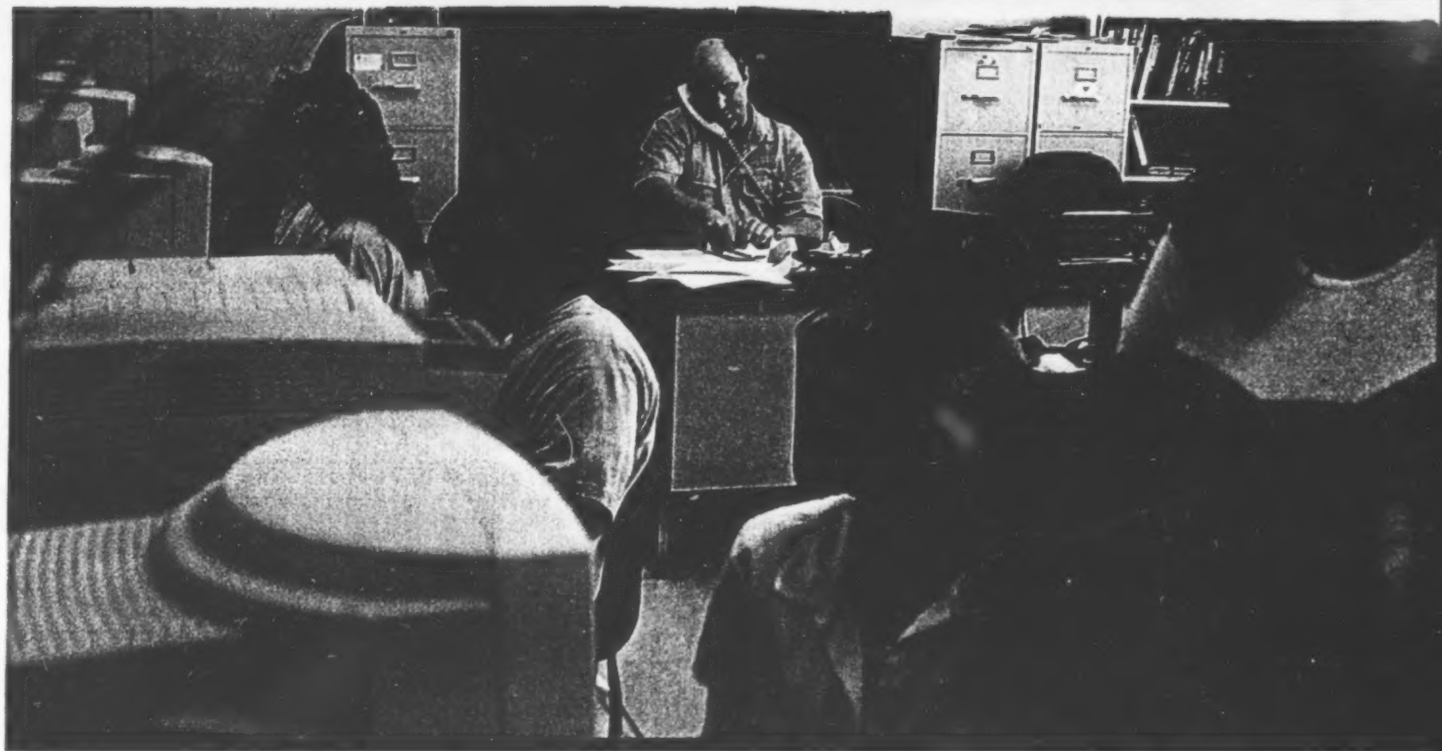
BRAINPOWER PROGRAM

The BrainPower Program is a retraining intervention designed to reduce peer-directed aggression. The treatment is a 12-lesson cognitive intervention with materials and activities appropriate for the late elementary grades. The primary goal of the intervention is to train aggressive boys not to infer hostile peer intent in negative social encounters.

The program contains three components. The first component strengthens aggressive boys' ability to detect with accuracy the intent of others. The second component is designed to increase the likelihood that aggressive boys will assume a nonhostile intent when negative social



Gonzalo Garza Independence High School learn new skills students in the computer lab.

encounters are ambiguous. The third component elaborates on the meaning of intentionality in the context of linking appropriate behavioral responses to ambiguously caused, negative outcomes.

The BrainPower Program is conducted as a school-based program of small group instruction. Students are seen on a pull-out basis during the course of the regular school day. Groups of six students meet twice weekly for 12 one-hour sessions. Each group should consist of four excessively aggressive and two average, nonaggressive students.

Those involved in the program were in grades 3 through 6 and were primarily Black and Latino students from an urban setting. The participants received instruction one or two times per week for six weeks and exhibited from 12 percent to 20 percent fewer antisocial and violent behaviors relative to the comparison group after the program period ended.

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GOOD BEHAVIOR GAME

The Good Behavior Game (GBG), for children in the 1st grade, aims to reduce early aggressive and shy behaviors. The program improves the teacher's ability to define tasks, set rules, and discipline students.

At the beginning of the game, children are assigned to teams by their teacher, who makes sure that teams contain equal numbers of aggressive/disruptive children. Students work in teams in such a way that each individual is responsible to the rest of the group. The teacher then clearly defines a set of disruptive behaviors which, if displayed, will result in a team demerit. At the end of the game, those teams that have not exceeded the maximum number of demerits are rewarded, whereas those teams that have exceeded the maximum are not rewarded. Because the program seeks to modify the behavior of shy children without labeling them as such, shy children are often appointed team leader with the responsibility for handing out prizes. After the students become used to the rules of the game, the teacher begins the game with no warning, so that students are always aware of their own behavior.

Effects of the GBG were measured by teacher ratings, peer nominations, and independent observations in the classrooms. All three evaluation methods showed positive effects for both males and females by the end of 1st grade, relative to children in the control group. During a nine-month follow-up, teacher ratings exhibited a 10 percent reduction while peer nominations exhibited a 19 percent reduction in aggressive behavior. By middle school, evaluations found positive results for males who had displayed early

In Abington, Pennsylvania, community members and school personnel have been concerned about students' after-school alcohol and drug use. As a result, Abington developed a comprehensive, long-term prevention program to serve students from kindergarten through high school graduation.

Abington Senior High School's program emphasizes early prevention and includes programs that begin in the early elementary years and continually build on previous knowledge throughout future grade levels. Prevention programming begins with building a strong social skill foundation among students through a series of lessons on decision-making, resistance, and refusal skills. At higher grade levels, prevention education in multiple areas including, awareness of tobacco, drug, and violence issues, are taught.

A key prevention component of Abington Senior High School's prevention strategy is the addition of anti-drug and violence messages throughout the curriculum. Science, health, physical education, and family and consumer science courses all include lessons about the significant consequences of tobacco, drug, and alcohol use. Teachers utilize in-service time to help identify and implement best practices in guiding students and giving them an effective means for interacting with all members of the school community.

The drug and violence prevention program is supported with effective discipline policies. Each year, students receive a *Student Handbook* outlining the standards of appropriate conduct and the sanctions for violation of the school code. For student suspensions, the principal conducts an informal hearing complete with due process rights. Suspension hearings always include the student involved, the student's parents, the assistant principal, a guidance counselor, and the community-policing officer assigned to the school.

To help identify and respond to students who demonstrate drug and alcohol use, Abington High School has created a Student Assistance Program (SAP). Members of the SAP team are thoroughly trained in appropriate intervention strategies and in developing informed and stratified approaches that include parents, the school team, and mental health providers.

Abington Senior High School has reported a decrease in student suspensions from 14 drug/alcohol offenses, 38 fights, and two weapon offenses in 1993-94, to six drug/alcohol offenses, 14 fights, and zero weapon offenses in 1997-98.

ABINGTON SENIOR HIGH SCHOOL
A 1997–98 NATIONALLY RECOGNIZED
BLUE RIBBON SCHOOL OF EXCELLENCE

Safe Schools Summit–A panel discussion at Abington Senior High School, including Pennsylvania Governor Tom Ridge as part of the Safe Schools Program.

Abington Senior High School

Abington, Pennsylvania

High School, Grades 10-12
Town

School Safety Focus:

Strong School, Parent, and Community Collaboration
Student Focused Instruction Strategies
Parent and Youth Support Program
Student Assistance Program
Peer Mediation

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aggressive behavior in 1st grade. The GBG also had measurable effects on the initiation of smoking among males. The 6th grade program youth had a prevalence rate that was 6 percent lower for tobacco use than non-program youth. The program was evaluated for Black and White students in an urban setting.

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I CAN PROBLEM SOLVE: AN INTERPERSONAL COGNITIVE PROBLEM-SOLVING PROGRAM

I Can Problem Solve (ICPS) serves as an effective violence prevention program by helping children think of nonviolent ways to solve everyday problems. It has proven to be extremely effective in helping children learn to resolve interpersonal problems and prevent antisocial behaviors. ICPS is a cognitive approach that teaches children how to think, not what to think. They learn that behavior has causes, that people have feelings, and that there is more than one way to solve a problem. As they learn to associate how they think with what they do, children become more caring and better able to share, cooperate, and get along with others.

ICPS is available in separate volumes for three developmental levels: preschool, kindergarten and primary grades, and intermediate elementary grades. The program can be easily incorporated into the classroom or adapted for use by counselors. The curriculum involves formal lessons, interaction in the classroom, and integration into the curriculum.

Based on more than 20 years of research, researchers have observed a substantial improvement in behavioral adjustment attributable to the program. Also, youngsters who did not show behavior problems in preschool were less likely to begin showing them later. Evaluators observed a 56 percent to 62 percent reduction (during the follow-up evaluations) in problem behaviors of the 113 trained pre-kindergarten and kindergarten, inner-city children, compared to the 106 children in the control group.

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KID POWER PROGRAM

The Kid Power Program is a school-based prevention and intervention program for elementary schools, funded by the Florida Department of Children and Families. The Kid Power model is designed to prevent multiple-risk students from becoming involved with alcohol and other drugs and from being violent. Each Kid Power Program provides individual and group preventive counseling, events, and activities for the students and their families. Additionally, counselors serve as resource persons for alcohol, tobacco, and other drug use prevention and intervention services within their schools.

Students who display risk factors that research has shown to be associated with substance abuse behavior are selected after a screening process involving the Kid Power counselor, students, parents, and school personnel. The selected students are those most likely to demonstrate academic and social gains through a program promoting healthy peer interaction, positive school experiences, and preventive counseling sessions.

Each Kid Power Program is presented by a counselor who is experienced and trained in mental health and substance abuse and who brings a diversified background of experience working with children. Each counselor serves approximately 20 children in grades 1 through 5 full-time for the first program semester. Each participant receives weekly individual and group counseling with maximum assistance provided to the family as needed and as their individual cooperation permits. Second-semester Kid Power enrollees are considered part-time, and each child receives group counseling, varying from weekly to monthly, depending on the needs of the individual student.

The majority of students in the program are White males. These students participated in the program three or four times per week for 18 weeks. After the program, participating students exhibited 40 percent fewer antisocial and violent behaviors relative to a comparison group.

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Linwood Elementary School's After-School Chorus.

METROPOLITAN AREA CHILD STUDY

The Metropolitan Area Child Study (MACS) is a multicomponent violence and substance use prevention program that also aims to enhance and support prosocial behavior and academic achievement. This program seeks to affect the child's thinking and behavior, while also affecting the major influences on development (teachers, peers, and parents). The program currently offers three levels of intervention. The most basic program combines teacher training in classroom behavior management and instructional techniques with a classroom-based social-skills, social problem-solving curriculum (20 weeks over two years). A 20-session, small-group component for children with above-average risk for aggression can also be added. This component is delivered through weekly sessions with six to eight children. A third component involves families in 22 weekly meetings.

The program has been designed to be implemented in elementary schools with one version focused on 2nd and 3rd grades and one on 5th and 6th grades. Skills training in the general curriculum and the small group include self-concept ideals/skills, social skills, perspective taking, conflict resolution, and managing media violence. The family meetings focus on parenting practices, managing development, and aiding in reducing individual, family, and community risk factors for drug abuse, school failure, and violence. The strongest effects have been found when the three components are implemented as an integrated intervention.

The program was developed with a multiethnic, economically disadvantaged population. It has been subjected to extensive and careful evaluation. The full/integrated program has shown effectiveness in reducing aggression, improving academic functioning, and lessening rates of later delinquency.

Black and Latino students in an urban setting received instruction continuously for two school years. Those students in grades 2 through 6 who received instruction exhibited 40 percent fewer antisocial and violent behaviors than comparable students who did not participate in the program.

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PEER MEDIATION PROGRAM

This program is one important component of a comprehensive school-based conflict resolution program. In this program, students in grades 6 to 12 are selected based on nominations by faculty, staff, and students to receive peer mediation training, preparing them to serve as neutral mediators who assist other students in resolving conflict situations. The suggested basic peer mediation training takes approximately 12 to 15 hours over two days and includes activities related to understanding conflict, responses to conflict, origins of conflict, communications skills, the role of the mediator, and the mediation process. In addition, subsequent biweekly meetings incorporate more advanced activities, addressing bias awareness, social and cultural diversity, advanced communication, dealing with anger, caucusing, negotiating, and group problem-solving. Program materials include a guide, a student manual, and an optional training video. The program also includes training workshops and activities for staff, students, parents, and communities.

An evaluation of the program included students of mixed ethnicity in an urban setting who exhibited a 19 percent reduction in antisocial and violent behaviors.

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Linwood Elementary School
Robins Air Force Base, Georgia

Elementary School, Grades Pre-K–6
390 students
Rural

School Safety Focus:

Schoolwide Discipline Plan
Self-Esteem and Self-Discipline Programs
Mentoring Program
After-school Tutoring Program
Strong Staff Commitment and Information-Sharing
Focus on Parental and Community Involvement

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Concerned with the amount of time spent responding to classroom disruptions and discipline problems, the faculty at Linwood Elementary School developed a comprehensive strategy to help improve student behavior. The school's Discipline Committee identified a need to improve student courtesy and respect, as well as interpersonal relationships. After researching various discipline plans and strategies, the committee implemented the Linwood Pride Discipline Plan: Making Responsible Choices to help students take responsibility for their own actions.

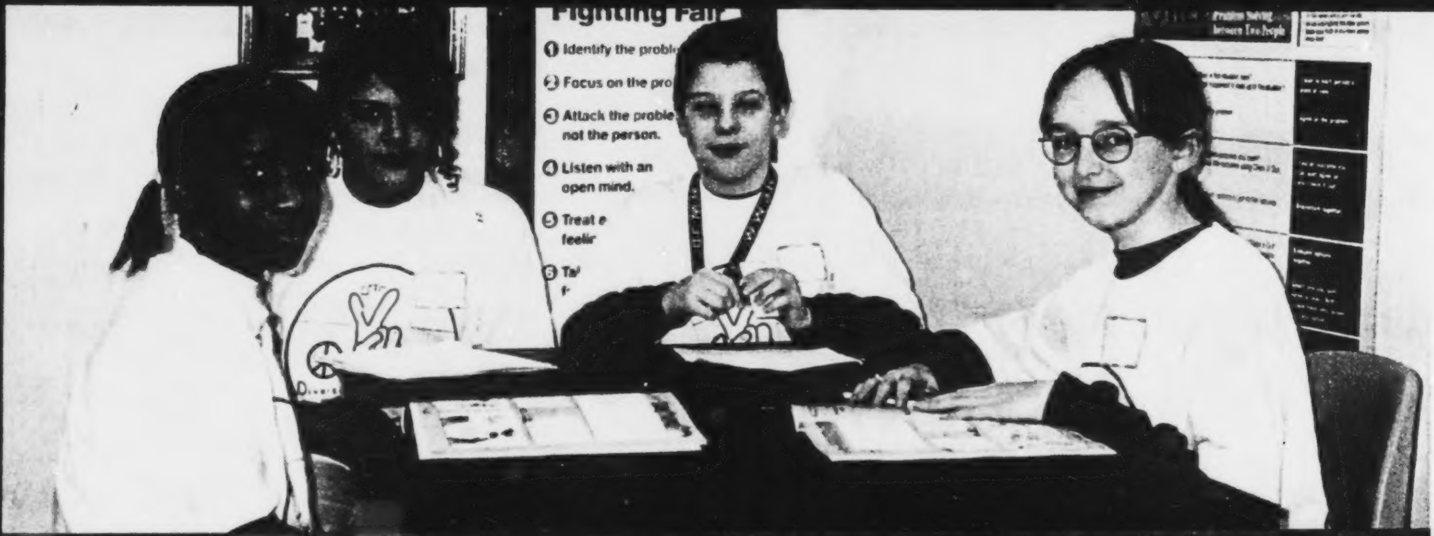
Developed by teachers, students, and parents, the Linwood Pride Discipline Plan aims to teach students responsible decision-making. Students are consistently reminded of the underlying theme of the Discipline Plan—"We believe in you. We trust you. We know you can do it." The program's philosophy is based on several premises: each person is a responsible decision-maker; each person makes choices every day; each person decides how to behave; no one else causes a person to do anything, and each person chooses success or failure.

If a student does not make responsible choices, they visit the Opportunity Room—a designated room for students to think about their decisions, discuss what occurred, and develop an action plan for the next time they are placed in a similar situation. A trained school counselor works closely with each student to provide support and to determine when students need additional services, such as mentoring, counseling, or designing an individual behavior plan.

Linwood Elementary School has created a school climate conducive to the learning process and academic achievement. Students and staff members constantly reinforce the school's vision and mission statement, "Children should be accepting of and compassionate toward others." A full time nurse and guidance counselor supplement and complement the work of the classroom teacher in creating a nurturing and safe environment.

Parental involvement is encouraged through active recruiting in school newsletters, flyers, and invitations to eat lunch with their children at school. A Parent Resource Center offers parents the opportunity to work on projects for teachers, read with children, and participate in small group discussions on student issues. During the 1997-98 school year, parent volunteers logged in 5,180 hours of service to the school, a 25 percent increase from the previous year.

Each year the school discipline plan is evaluated. The percentage of students demonstrating acceptable behavior increased from 84 percent in the 1996-97 school year to 92 percent in 1997-98. Furthermore, the percentage of students referred to the Opportunity Room fell from 29 percent to 16 percent during the same period.



Otto Middle School students participate in peer mediation training.

C.W. Otto Middle School

Lansing, Michigan

Middle School, Grades 6-8
Urban

School Safety Focus:

Peace Center Program
School Norms Against Violence, Aggression, and Bullying
Strong Mentoring Program
Focus on Early Intervention and Persistent Problem Behaviors

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In 1994, the mayor of Lansing identified youth violence as a major problem and called for the formation of a coalition of local government, law enforcement, public schools, prevention agencies, and the community. The coalition examined community survey data that suggested increases in school discipline problems and suspensions, particularly for fighting and dropping out. According to risk assessment data, the greatest increase among the selected indicators was early initiation and persistent problem behaviors.

In response, the Youth Violence Prevention Coalition developed a comprehensive, multifaceted strategy to address identified problems. At Otto Middle School, the prevention strategy included creation of The Peace Center. Peace Center activities include peer mediation, an after-school community service and violence prevention club, a Parent Partner program offering support resources and classes for parents throughout the school year. In addition, the Center provides transition activities for students preparing to enter middle school and those students preparing to leave for high school. The creation of a school culture of nonviolence has been one of the most noticeable changes at Otto.

At Otto, "Power for Living" is a required course for all 8th graders. The curriculum used for the course provides a systematic approach to substance abuse and violence prevention education and is taught by a curriculum-certified teacher. Eighth graders also receive special instruction in social studies classes on law education and reporting weapon-carrying and crimes to appropriate officials.

Parents play an important role in Otto's drug and violence prevention strategy. Parent classes are held periodically on topics such as "Conflict Resolution at Home" and "Asset Building." Each parent of an incoming student also receives a welcome bag of school materials accompanied by alcohol, tobacco, and other drug abuse and violence prevention information. A Parent Resource Library provides parents with books, pamphlets, and videos on a myriad of topics such as discipline, communication, and conflict resolution.

POSITIVE ADOLESCENT CHOICES TRAINING

The Positive Adolescent Choices Training (PACT) program is designed to reduce the chances that at-risk adolescents will become victims or perpetrators of violence. It addresses the problem of expressive violence, which involves a loss of control among family, friends, and acquaintances, and represents the greatest threat to adolescents. Although developed with sensitivity to the needs of Black youth, the techniques used in the program are applicable to, and are frequently used with, multiethnic groups.

During the first six months of the program, there was a 14 percent decrease in suspensions at school. Teachers and students also reported feeling safer since the program began. Almost two thirds of teachers surveyed in 1997 felt safer in or near their school than they did the previous year; and 83 percent indicated that the program made a difference in maintaining or reducing conflicts at school. Similarly, 70 percent of students who had used the peer mediation program said that the school climate at Otto had improved.

PACT primarily targets high-risk youth between the ages of 12 and 16 who are selected by teachers on the basis of skill deficiencies in relating to peers, behavior problems (particularly aggression), and/or a history of violence, victimization, or exposure to violence. PACT helps adolescents learn more appropriate and socially effective ways of interacting with others, how to recognize and control angry emotions that can interfere with verbal resolutions to conflict, and how to understand and avoid the risk of violence. Training takes place in groups of no more than 10, teaching skills that include giving constructive criticism (expressing criticism or displeasure calmly), receiving negative feedback (reacting appropriately to the criticism and anger of others), and negotiating (identifying problems and potential solutions and learning to compromise).

The curriculum features lessons one or two times per week for 19 weeks. Students receiving instruction reduced antisocial and violent behaviors by 38 percent relative to a comparison group.

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TEACHING STUDENTS TO BE PEACEMAKERS

Teaching Students to Be Peacemakers is a resource that shows teachers how they can encourage students to resolve disagreements peacefully. A book of the same name contains many practical strategies as well as specific suggestions to teach conflict resolution procedures and skills to students.

During the training program, participants learn how to establish a peer mediation program as a classroom and school discipline program. Students are taught what is and is not a conflict, how to negotiate integrative agreements, and how to mediate schoolmates' conflicts. The peer mediation program is established and the role of mediator is rotated so that every student serves as mediator for an equal amount of time. Participants learn how to apply the conflict resolution training in different subject areas.

Students are given a copy of *My Mediation Notebook*, which contains lessons from *Teaching Students to Be Peacemakers*. The program consists of cooperative learning procedures, such as procedural learning, role-playing, drill and review exercises, and small group discussions. The students are taught a negotiation procedure consisting of six steps: (1) describing what you want, (2) describing how you feel, (3) explaining the reasons

Juneau-Douglas High School

Juneau, Alaska

High School, Grades 9-12
Town

School Safety Focus:

Peer Empowerment
Peer Education and Mentoring
Service Learning
Daily Exposure and Reinforcement of Prevention Activities
Strong Student Ownership

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Students for Social Responsibility and Mediation gather after successfully completing training.

Southeast Alaska, where Juneau is the hub city, has the highest rate of binge drinking in the state and the highest alcoholism rate per capita in the nation. In 1996, Alaskan educators and community members, Juneau representatives among them, were designated to develop "Healthy Life Skills Standards for all Alaskan Students." They identified an epidemic of adolescent personal and social irresponsibility as the most pressing problem involving youth. High rates of drug and alcohol use, teen pregnancy, and suicide were evident. Results from the most recent Youth Risk Behavior Survey conducted in Juneau indicated that 79 percent of high school students have consumed alcohol on one or more days in their lifetime.

In response, Juneau-Douglas High School has adopted the "Students for Social Responsibility and Mediation" (SSRM) program. The program's main focus is on peer empowerment and personal and social skills delivered through peer education and mentoring, experiential learning, retreats, and a "teacher as respectful coach" approach to instruction. The SSRM program works in close cooperation with other prevention players, among them the Juneau-Douglas High School Student Assistance Program, the Police Officer in the Schools Program, the Mayor's Task Force on Youth, a local interagency team, the Juneau Career Center, the Teen Health Center, the Teen Court, and 11 other community agencies.

The overall goal of the SSRM program in the Juneau School District is to create dynamic school-based communities that challenge and support each student to demonstrate responsible behavior, both personally and socially. Students are taught empowerment through assuming real life roles—roles of responsibility, caring, and authority.

As a result of these efforts, Juneau-Douglas has documented a significant decrease in student violence as well as an overall reduction in drug use. Not only have suspensions decreased from 1997 to 1998, but there has also been a shift in the reasons for suspension. Previously, the main reason cited for male suspension was possession of controlled substances. In 1998, the primary reason for suspension was failure to serve detention. Suspensions for female students changed similarly, with the main reason for suspension being assault in 1997. In 1998, the primary reason for suspension was failure to serve detention.

underlying those wants and feelings, (4) reversing perspectives, (5) inventing optional agreements for mutual gain, and (6) reaching an integrative agreement. The students are also taught a four-step mediation procedure: (1) ending hostility, (2) ensuring commitment to mediation, (3) facilitating negotiations, and (4) formalizing the agreement.

Evaluators observed a 63 percent reduction in antisocial and violent behaviors in students who participated in the program, relative to students who did not participate.

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THINK FIRST

The Think First Program is an anger and aggression management training for secondary level students. The program trains students in anger-control and problem-solving skills through extensive use of role-playing and modeling techniques. A reward system is used to promote attendance and completion of homework assignments. The program contains ten 50-minute curricular sessions designed to be spread over a minimum of 12 weeks. Think First places exclusive emphasis on the management of school-related anger and aggression. Video examples produced in a large urban high school show typical classroom and hallway encounters involving student to student and student to teacher.

The program was evaluated with a group of 47 middle school students from an urban setting. Program participants had a 29 percent greater success rate than nonparticipants in self-reported aggression and a 5 percent greater success rate in teacher-reported aggressive behavior. A significant difference was also found in number of office referrals for disciplinary problems.

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VIOLENCE PREVENTION CURRICULUM FOR ADOLESCENTS

The Violence Prevention Curriculum for Adolescents can be used individually or in conjunction with the Teenage Health Teaching Modules, a comprehensive health curriculum. (See Substance Use Prevention Programs below.)

Targeted to grades 9 and 10, students explore the nature of interpersonal violence and consider ways to prevent it. The class discusses homicide statistics and characteristics, then considers the major risk factors for violence: alcohol and other drugs, weapons, and poverty. Students examine the causes of anger and healthy and unhealthy ways to express it. Next, they analyze the positive and negative results of fighting and role-play what happens before, during, and after a fight, learning that the longer they allow an altercation to develop, the harder it is to stop. Finally, they discuss strategies for preventing fights and practice nonviolent alternatives to fighting.

The sample of students in both urban and rural settings received the curriculum one to four times per week. After the program, they exhibited a reduction in antisocial and violent behaviors of 25 percent relative to a comparison group.

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SUBSTANCE USE PREVENTION PROGRAMS

ADOLESCENTS LEARNING POSITIVE HEALTH ALTERNATIVE INITIATIVE

The Adolescents Learning Positive Health Alternative (ALPHA) Initiative is a peer-led substance use prevention program that enlists socially prominent, drug-free 11th and 12th grade youth to introduce communication techniques, refusal skills, assertiveness skills, and decision-making skills to 7th, 8th, and 9th grade youth. Peer leaders are selected by the student body, faculty, and school administrators and are trained in classroom management and group facilitation.

A team of two or three peer leaders implements the program in junior high or middle school classrooms without teachers present. ALPHA teams are supervised by an in-school sponsor who oversees the program. The curriculum consists of 12 sessions administered in 12 weekly sessions. Each session has clear learning objectives, a training protocol, and class-room activities and incorporates both cognitive and affective experiences. The curriculum content strives to change student perceptions that drug use is expected to the notion that drug use is socially unacceptable.

Evaluation results of 9th grade ALPHA Initiative participants in a rural school environment showed a substance use prevalence rate that was 14 percent lower than the nonprogram youth. These results were maintained for a year.

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ALL STARS PROGRAM

The All Stars Program targets factors believed to influence high-risk behaviors in early adolescence. It is designed to promote positive character development, while deterring the onset of negative behaviors. The core program involves 14, 45-minute classroom sessions, with supplemental home-based components. An eight-session booster program is also available. Students are taught that high-risk behaviors interfere with their desired lifestyle. The interactive curriculum uses games, debates, projects, taped performances, and active discussions to promote the student's commitment to avoiding high-risk behaviors, teaching ideals incompatible with high-risk behavior, and increasing students' awareness of the prevalence and acceptability of high-risk behavior among their peers.

The evaluated sample of All Stars included 7th grade students in a small, multiethnic North Carolina town that consists of mainly blue collar and mid-level, professional households. The 7th grade program youth had a prevalence rate that was 8 percent lower for the use of alcohol, tobacco, marijuana, and hard drugs than non-program youth.

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GROWING HEALTHY

Growing Healthy, a comprehensive, school health education curriculum for K-6 students, is designed to promote healthy behaviors through knowledge and skills-building. The program is built on the premise that children who understand how their bodies work, how certain behaviors affect health, and who are adequately equipped with specific decision-making skills will be able to resist social pressures to engage in high-risk behaviors such as using alcohol, tobacco, and other drugs.

Growing Healthy provides 50 hours of classroom instruction in a series of approximately 50 sequential lessons at each grade level. Ten health content areas are addressed yearly and include growth and development, mental and emotional health, personal health, family life and health, nutrition, disease prevention and control, safety and first aid, consumer health, substance use and abuse, and community and environmental health management.

Materials are grade-specific and include curriculum guides, peripheral materials (e.g., books, videos, models, games, and software), teacher materials (e.g., charts, posters, activity cards), and student handouts. Complete implementation is necessary, as the curriculum builds upon previously learned knowledge and skills.

The evaluated sample included suburban students in grades 4 through 6. The 5th and 6th grade program youth had a prevalence rate that was 15 percent lower for use of alcohol and tobacco than non-program youth.

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Gonzalo Garza Independence High School student Christopher Bradshaw celebrates his graduation with students and faculty.

Gonzalo Garza Independence High School is a school of choice available to high school students throughout Austin who wish to earn their high school diploma. It was designed to remove the traditional barriers of a typical high school, utilizing best practices and the most current research. Garza exemplifies excellence and equity for all its students through an individualized, challenging, and accelerated education that reengages young people in learning and restores confidence in their talents and abilities. Above all, Garza strives for a sense of community, collaboration, caring, and empowerment in a drug-free, safe environment.

A small school of 300 students, Garza is designed to be an alternative to the traditional high school for students who may not have had successful educational experiences in the past. Students apply to Garza and are admitted based on their desire to succeed. Fourteen percent of students at Garza are recovered dropouts who were not in school immediately prior to enrolling at Garza. The remaining students were previously enrolled in one of the ten other Austin high schools.

Garza's emphasis on individualizing instruction in an atmosphere of trust and respect has met with success. In its first 23 weeks of operation, 49 students met graduation requirements. During the 1998-99 school year, 119 students met graduation requirements, more than doubling the number of students from the previous semester. Students benefit from an innovative interdisciplinary curriculum that integrates academic content with career development and project-based learning, allowing students to develop high-level skills in a real-world context. Standards and expectations are high for all students as they master the curriculum and meet all local and state graduation requirements. Indeed, many students graduate with honors in an advanced plan while others are currently dual-enrolled in college courses. Further, students learn the value of community and civic responsibility by completing community service projects in which they give at least 20 hours of service.

Garza's diverse ethnic and socio-economic population, however, is not immune to the effects of violence and drugs. In February 1999, a student was lost to a drug overdose after a long battle in and out of rehabilitation. And, just days before the school shootings in Colorado, two Garza students died in particularly sad circumstances: One committed suicide, and the other was murdered. However, while Garza students encounter violence in a very real and frightening way outside of school, they have yet to experience it in school. Since its opening in January 1998, Garza has not seen a single act of violence, any weapons, or incidents of graffiti.

Gonzalo Garza Independence High School
Austin, Texas

High School, Grades 9-12
Urban

School Safety Focus:

Small, Caring School Environment
Individualized Instruction

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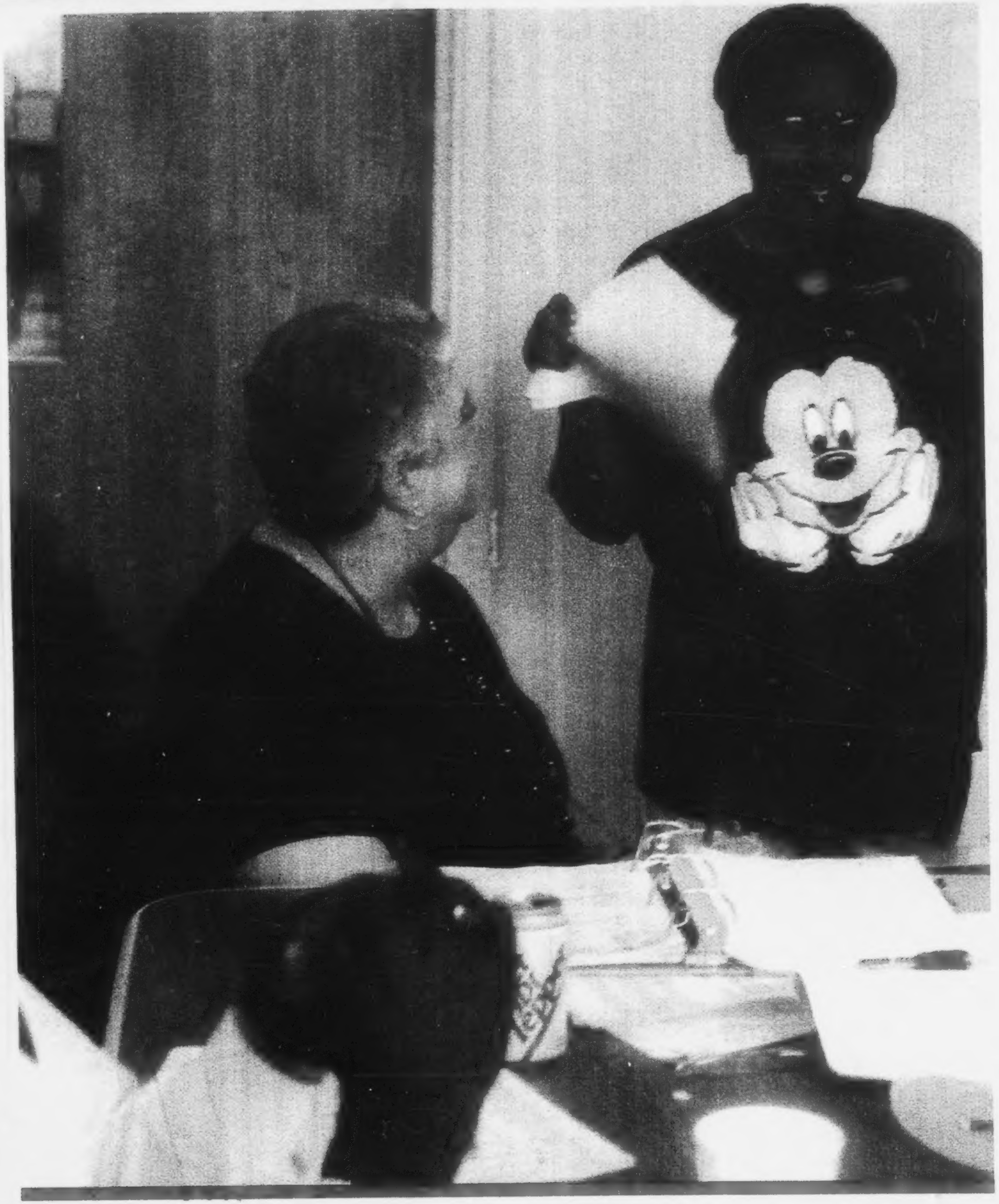

At Gonzalo Garza Independence High School, a "Graduate in Residence" shares her excitement about her college enrollment with Principal Baldwin

KNOW YOUR BODY

Know Your Body (KYB) is an innovative, comprehensive, skills-based health education program for children in grades K-6. KYB aims to provide young people with the knowledge, attitudes, skills, and experience necessary to practice health behaviors. KYB instills within children a belief that they are responsible for their own thoughts, feelings, and actions to maintain a healthy lifestyle.

The KYB curriculum combines developmentally appropriate health instruction, as well as cognitive and behavioral skills building, to address a wide range of health and social issue-related topics. At the beginning of each grade level, a skill-builder unit promotes the development of self-esteem, goal-setting, decision-making, communication, assertiveness, and stress management. All student activities are aligned to one or more of the National Health Education Standards and the New Standards Primary Literacy Standards for the English Language Arts. The program also includes performance assessments, workshops, brochures, and a strong parent and community component. KYB can easily be integrated into the following programs in typical schools: science, math, social studies, language arts, and physical education.

In most schools, KYB is taught by the classroom generalist. It is recommended that the KYB curriculum be preceded by a teacher training session. The KYB teacher training is individually tailored to meet the specific needs of the school, district, and community.

The curriculum is multiethnic and has been translated into seven languages. To complete the core lessons of the curriculum, approximately 35 hours of classroom instruction are required per year. The program was evaluated for a sample of Black and White students in an urban setting. The 5th and 6th grade program youth had a prevalence rate for tobacco that was 23 percent lower than nonprogram youth.

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LIFE SKILLS TRAINING

The Life Skills Training (LST) program is designed to prevent tobacco, alcohol, and other drug use by providing middle school students with the motivation and skills necessary to resist peer and media pressure to use drugs. LST is a three-year sequential curriculum. The first year consists of 15 class periods in the 6th or 7th grade followed by a two-year booster component of 10 class periods in the second year and five class periods in the third. The core curriculum focuses on providing prevention-related information, promoting antidrug norms, teaching drug-refusal skills, and facilitating the development of self-management and general social skills.

LST has been tested with a wide range of adolescents and has been shown to be effective among White, Black, and Latino youths, both male and female, in urban, suburban, and rural environments. The 7th grade program youth had a prevalence rate for use of alcohol, tobacco, and marijuana that was 6 percent lower than the nonprogram youth. Additional evaluations of the LST program found a 31 percent reduction in alcohol use, a 32 percent reduction in alcohol and marijuana use after four months, and a 4 percent reduction in alcohol and marijuana use after 16 months for those students involved with the program.

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PREVENTIVE ALCOHOL EDUCATION PROGRAM

To increase skills in resisting the persuasive efforts of their peers, youth view a film on the physiological effects of alcohol and the types of arguments people use to convince others that they can drink and drive safely. Question-and-answer sessions follow with in-class role-plays. Attempting to "inoculate" the students against driving drunk, the role-plays use scripts that focus on situations involving alcohol and provide familiarity with pro-drinking-and-driving arguments that encourage peers to engage in these risky behaviors. The role-plays are followed by immediate feedback. Finally, a slide show summarizes the knowledge component and argument portions of the previous sessions.

Ninth graders receive this program for two to three hours per week for five weeks. The self-reports of the program youth compared to the nonprogram youth show a prevalence rate that was 16 percent lower for frequency of drinking alcohol in the last 30 days. Most important, program youth also report an impressive 22 percent reduction in actual refusals to drive with friends who had been drinking.

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PROJECT NORTHLAND

Project Northland is a comprehensive alcohol use prevention curriculum for middle school-aged youth, their parents, schools, and communities. The curriculum combines classroom-based interventions with parent, peer, and community-wide interventions to reduce underage drinking. Parental involvement is an essential feature of the program, with the greatest emphasis occurring in the first two years. The parent component focuses on building parent/child relationships and promoting communication on the subject of alcohol use. The program includes both demand and supply reduction strategies at all levels of the intervention.

The curriculum is available for grades 6 through 8. Slick Tracy is the grade 6 intervention and is conducted primarily with parents and adolescents in their homes. This portion of the curriculum presents facts on underage drinking and health and discusses parental communication with teens about drinking, parents as role models, developing family guidelines against underage drinking, peer pressures and

On April 24, 1994, Margaret Leary Elementary School was the site of a school shooting. The shooter, a 10-year-old student, killed another student as the children lined up to enter the school for the day. The tragedy served as a wake-up call, not only to Butte, but to all Montana schools, and propelled the school community into action.

A site-based School Safety Team played a critical role in helping the school heal and return to teaching and learning activities. The team instituted a comprehensive plan designed to support the school community that includes conflict resolution and after-school programs, mentorships, student assistance teams, school security checks, and crime victim assistance programs. The school also developed a school-wide disaster prevention, intervention, and response plan. Intervention strategies in the plan include: active collaboration among community/government agencies, after-school daycare, structured recreation, safe school team-building, positive self-esteem building, training on early warning signs of violence, and development of classroom management and crisis planning procedures.

All School Safety Team members and classroom teachers are trained in student behavior modification and help develop action plans for students identified as at-risk by parents, teachers, or other students. This team takes responsibility for every aspect of the student's needs by developing workable solutions for both academic and emotional issues. Safety Team members also participate in conflict resolution training and in a Playground Facilitator program. The school counselor is trained in the Second Step curriculum and has trained other district counselors in teaching violence prevention and response to post-traumatic stress.

The Safety Team also helps establish community partnerships and mentoring programs. The Team is

Margaret Leary Elementary School

Butte, Montana

Elementary School, Grades K-6
Town

School Safety Focus:

School Safety Team
Conflict Resolution
Effective Classroom Management
Crisis Response Plan
Strong Community Involvement

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resistance strategies, and the consequences of underage drinking. The 7th grade program, "Amazing Alternatives!," maintains active parent components but works primarily with students in the classroom. This school-based intervention aims to develop skills for dealing with peers and to build positive peer group influences. "PowerLines," the 8th grade classroom intervention, emphasizes influences beyond peers and families and empowers students to create healthy changes in their broader communities to discourage underage drinking.

The program was implemented in a rural setting. Students received instruction four hours per month for two to three months each of the three years. The 7th and 8th grade program youth had a prevalence rate that was 10 percent lower for use of alcohol, tobacco, and marijuana than the non-program youth.

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currently creating a Parent Resource Center for parenting classes and adult educational programs.

Since the establishment of the School Safety Team, Margaret Leary Elementary School has begun to heal its wounds. The multiple, integrated prevention activities have resulted in a school environment that is cohesive, and includes community participation.

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PROJECT STAR

Project STAR, also known as Project I-STAR or the Midwestern Prevention Project, is a comprehensive, community-based drug abuse prevention program that bridges the transition from early adolescence to middle and later adolescence. Since early adolescence is the first risk period for gateway drug use (e.g., alcohol, cigarettes, and marijuana), programming is initiated with whole populations of middle school (6th or 7th grade) students.

This multicomponent, comprehensive school-based program is available on a limited basis to communities that have collectively determined a need for the program and that have formed a community collaborative linked to the school, parents, business, civic leaders, local government or law enforcement, and the media. Generally the community will have conducted a needs assessment of both the school and the community prior to pursuing adoption of Project STAR.

Seventh and 8th grade youth who participated in Project STAR had a prevalence rate that was 9 percent lower for alcohol, tobacco, and marijuana use compared to youth who did not participate. Effects on gateway drugs were maintained through high school. Toward the end of high school and into young adulthood, effects emerged on other drugs, including cocaine, methamphetamines, and LSD.

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TEENAGE HEALTH TEACHING MODULES

The Teenage Health Teaching Modules (THTM), for students in grades 6 to 12, is a comprehensive health program that targets the secondary grades. The curriculum contains materials on alcohol, tobacco and other drugs, and emphasizes resistance, personal, and social skills taught through cooperative and small-group learning. Many homework assignments involve families, and optional community service projects are presented. The curriculum is published by the Education Development Center, Inc.

The program consists of a series of modules, each of which includes a teacher's guide with a detailed framework for conducting classroom activities. Each module contains six to 15 class sessions, each 45 minutes long. Certain essential health skills are highlighted in each module, including risk assessment, self-assessment, communication, decision-making, goal-setting, health advocacy, and healthy self-management. The underlying philosophy of THTM is that everything we do or do not do is a statement of who we are; we express ourselves, our values, and our beliefs through behavior. The program provides opportunities for students to recognize that many factors affect health and well-being.

Students from a mix of ethnic and racial groups received instruction seven hours per month for four months. The 7th through 12th grade program youth had a prevalence rate that was 7 percent lower for the use of alcohol, tobacco, and hard drugs than non-program youth. (See also "Violence Prevention Curriculum for Adolescents under Violence Prevention Programs, on page 36.)

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www.edc.org

WESTCHESTER STUDENT ASSISTANCE PROGRAM

The Westchester Student Assistance Program (SAP) is based on the successful employee assistance programs used by industry to identify employees whose work and lives are adversely affected by substance abuse. The SAP provides confidential counseling in small groups of 6 to 10 youths or individual counseling during the school day. The counseling groups are organized by problem area. Examples of some of the groups include students new to the school district, students who acknowledge having problems with parents or peers, seniors who are unsure about post-graduation plans, students with alcoholic parents, and students who are abusing alcohol or drugs.

Groups are rotated through the school schedule so that no student misses the same class more than once every eight weeks. Most of the youth voluntarily choose to work with the SAP counselors. Some are required to participate in the counseling because they have violated school policy. The counselors hold graduate degrees and have at least two years of experience. This program is one of the most promising approaches for high school youth (grades 9 to 12). The SAP youth showed a 38 percent lower prevalence rate for use of alcohol, marijuana, and hard drugs compared to other Westchester County youth.

Contact:
Ellen Morehouse
Student Assistance Services
660 White Plains Road
Tarrytown, NY 10591
Tel: (914) 332-1300
Fax: (914) 366-8826
E-mail: sascorp@aol.com

PROBLEM BEHAVIOR PREVENTION PROGRAMS

BEHAVIORAL MONITORING AND REINFORCEMENT PROGRAM

The program targets adolescents who demonstrate characteristics that have been associated with delinquency and substance abuse, including: low motivation for school, disregard for rules, and feelings of alienation from their parents. Risk factors include academic failure, early behavior problems, alienation from family, and a low level of commitment to school.

The intervention involves four components: weekly report cards, discussion of report cards, parental contact, and booster sessions in later years. Program staff compile a weekly report card based on teacher interviews regarding the students' behavior in the classroom (e.g., bringing materials to class, tardiness, and completion of work.) Students then meet with program staff in small group sessions to discuss their report cards. Positive reports elicit praise and approval from staff, while negative reports elicit discussions of how the student can improve his or her behavior. Parents are kept informed of their children's progress through phone calls, letters, and home visits. After two years of the intervention, students attend booster sessions, given every two weeks, that follow the same format.

The intervention begins when students are in the 7th grade and lasts for three years, including booster sessions. Evaluations show a 35 percent reduction in arrests (having a county court file) and a 40 percent reduction in drug use among students who participated in the program compared with students who did not participate.

Contact:
Brenna Bry, Ph.D.
Graduate School of Applied
and Professional Psychology
Rutgers University
152 Frelinghuysen Road
Piscataway, NJ 08854-8085
Tel: (732) 445-2189
Fax: (732) 445-4888
E-mail: bbry@rci.rutgers.edu

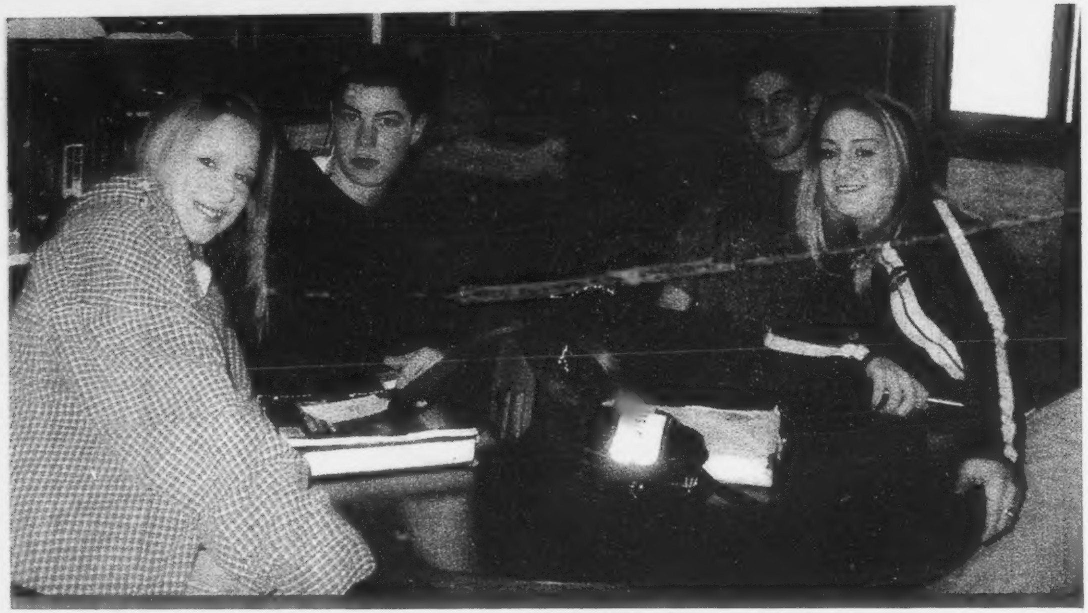
FAST TRACK

Fast Track is a long-term program that targets chronic and severe conduct problems of children through interventions with the school, home, and individual student. The program contains both universal and selective levels of intervention. The universal intervention is a primary prevention strategy directed at all 1st through 5th grade children to strengthen the skills needed for successful adaptation to school and to prevent the emergence of school adjustment difficulties. The goal of the universal intervention is to reduce the disruptiveness of the classroom and improve its manageability by the teacher. These changes reduce the level of stimulation for inappropriate behavior on the part of the high-risk children who receive the selective intervention.

Classroom teachers are trained by Fast Track staff in the use of the Promoting Alternative Thinking Strategies curriculum.

The high-risk children are identified in kindergarten by their disruptive behavior at school and at home. They receive a program of services that extends from 1st grade through the end of middle school. It is most intensive in 1st grade, consisting of parent and child skill-building groups, home visits with families, a peer relations component at school, reading tutoring, and school-based case management. The frequency of groups is reduced in successive grades but involves a more intense intervention again at the transition into middle school, where parenting and youth support services continue along with mentoring and support for identity and vocational development.

The program was evaluated for over 900 high-risk youth from four different U.S. communities, who received the program during their 1st, 2nd, and 3rd grade years. Evaluators found that 11 percent fewer students in the program were diagnosed



Shepard Hill High School students meet in the library for a group study session.

with an Individual Education Plan (students showing a need for special education attention) than students not participating in the program.

Contact:
John Coie
Psychology Department
Duke University
Box 90085
Durham, NC 27708-0085
Tel: (919) 286-2008, ext. 222
Fax: (919) 286-3221
E-mail: john.coie@duke.edu
www.fasttrack.vanderbilt.edu

GANG RESISTANCE EDUCATION AND TRAINING PROGRAM

The Gang Resistance Education and Training (G.R.E.A.T.) Program is a gang and violence prevention program for grades 3 through 8 with a nine-lesson core curriculum. It is designed to help children set goals for themselves, resist pressures, learn how to resolve conflict without violence, and understand how gangs and youth violence impact the quality of their lives.

G.R.E.A.T. students discover for themselves the ramifications of gang and youth violence through structured exercises and interactive approaches to learning. The program brings together the combined efforts of law enforcement, schools, and the community to make a difference in the lives of children by providing them with the necessary skills and information to say "no" to gangs and acts of random violence.

The G.R.E.A.T. curriculum is taught by trained, certified, uniformed police officers/special agents to elementary, junior high, and middle school children. The classroom sessions include material on laws, crime, victims, gangs, and drug use. Both the police officer/special agent and the teacher work together to reduce gang involvement in the school and the community.

Evaluators found a 4 percent reduction in drug use, a 3 percent reduction in total delinquency, and a 4.5 percent reduction in minor offenses for those students who received G.R.E.A.T. training, compared to those students who did not receive training.

Contact:
ATF G.R.E.A.T. Program
Branch
P.O. Box 50418
Washington, DC 20091-0418
Tel: (800) 726-7070
E-mail:
great@atfhq.atf.treas.gov
www.atf.treas.gov/great/
great.htm

Chapter 4 - Resources—Agencies, Organizations, Web

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Sites, and Contact Information

The organizations and resources listed on the following pages are not exhaustive, and their inclusion is not intended to be an endorsement by the U.S. Department of Education or the U.S. Department of Justice. Rather, these listings are intended to assist schools and communities in developing and enhancing comprehensive school safety plans.

FEDERAL RESOURCES

U.S. Department of Education

400 Maryland Avenue, SW
Washington, DC 20202
www.ed.gov

SAFE AND DRUG-FREE SCHOOLS PROGRAM

www.ed.gov/offices/OESE/SDFS

The Safe and Drug-Free Schools Program is the Federal government's primary vehicle for reducing drug, alcohol, and tobacco use, as well as violence, through education and prevention activities in our Nation's schools.

OFFICE OF SPECIAL EDUCATION PROGRAMS (OSEP)

www.ed.gov/offices/OSERS/OSEP

OSEP provides leadership and fiscal resources to assist State and local efforts to educate children with disabilities in order to improve results for those children and to ensure equal protection of the law.

OFFICE OF CORRECTIONAL EDUCATION (OCE)

www.ed.gov/offices/OVAE/OCE

In April 1991, the U.S. Department of Education created a new office to provide national leadership on issues in correctional education. OCE provides technical assistance to States, local schools, and correctional institutions and shares information on correctional education.

REGIONAL EDUCATION LABORATORIES

www.nwrel.org/national

This Web site provides a map of links to all 10 Regional Education Laboratories supported by the U.S. Department of Education to provide technical assistance to educators.

U.S. Department of Justice

950 Pennsylvania Avenue, NW
Washington, DC 20530-0001
www.usdoj.gov

OFFICE OF COMMUNITY ORIENTED POLICING SERVICES (COPS)

www.usdoj.gov/cops

Established under the Public Safety Partnership and Community Policing Act of 1994, COPS has four primary goals: to increase the number of community policing officers on the beat by 100,000; to promote the implementation of department-wide community policing in law enforcement agencies across the country; to help develop an infrastructure that will institutionalize and sustain community policing after Federal funding has ended; and demonstrate and evaluate the ability of agencies practicing community policing to significantly improve the quality of life by reducing the levels of violence, crime, and disorder in their communities.

OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION (OJJDP)

www.ojjdp.ncjrs.org

OJJDP's mission is to provide national leadership, coordination, and resources to develop, implement, and support effective methods of preventing juvenile victimization and responding appropriately to juvenile delinquency. This is accomplished through prevention programs and a juvenile justice system that protects the public safety, holds juvenile offenders accountable, and provides treatment and rehabilitative services based on the needs of each juvenile.

NATIONAL CRIMINAL JUSTICE REFERENCE SERVICE (NCJRS)

www.ncjrs.org

NCJRS is one of the most extensive sources of information on criminal and juvenile justice in the world, providing services to an international community of policymakers and professionals. NCJRS is a collection of clearinghouses supporting all bureaus of the U.S. Department of Justice, Office of Justice Programs.

NATIONAL INSTITUTE OF JUSTICE

www.ojp.usdoj.gov/nij

The National Institute of Justice is the research and development arm of the U.S. Department of Justice. Created by Congress in 1968, the Institute is charged with investing public funds to develop knowledge that will reduce crime, enhance public safety, and improve the administration of justice.

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Washington, DC 20201
www.hhs.gov

CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP)

www.samhsa.gov/csap/index.htm

CSAP, a SAMHSA program, provides national leadership in the Federal effort to prevent alcohol, tobacco, and illicit drug problems.

SUBSTANCE ABUSE AND
MENTAL SERVICES
ADMINISTRATION (SAMHSA)
www.samhsa.gov

SAMHSA's mission within the Nation's health system is to improve the quality and availability of prevention, treatment, and rehabilitation services to reduce illnesses, deaths, disabilities, and the cost to society from substance abuse and mental illnesses.

CENTER FOR MENTAL
HEALTH SERVICES (CMHS)
www.samhsa.gov/cmhs

CMHS, a SAMHSA program, provides national leadership to prevent and treat mental disorders; improve access to and promote high-quality services; and promote the improvement of mental health for all Americans and rehabilitation services for individuals with a mental illness.

Students participate in the "Say No to Drugs" parade at Merrill Road Elementary School.

Despite high rates of drug use by high school students in surrounding areas, Merrill Road Elementary School has successfully created a school environment with zero tolerance for drug use and violence. Merrill Road Elementary School has implemented a "NO USE/NON-VIOLENT" philosophy through the school's Zeroing in on Prevention (ZIP) program. The ZIP team, composed of faculty, staff, parents and community members, is responsible for developing the program's objectives and annual plan and supervising implementation. Objectives are established for each of the five essential program components: prevention, intervention, support groups, parent/community involvement, and evaluation. Because Merrill's goal is to maintain "zero" incidents, and because its absence rates were increasing, the ZIP Team has added truancy as a program goal.

Merrill's comprehensive intervention and prevention program includes activities designed to increase student resiliency and positive behavior. All students are taught non-violence and conflict resolution skills, using the Peace Foundation curriculum, which incorporates the values of tolerance and respect for differences. Health education classes, incorporating alcohol, tobacco, and other drug use prevention skills, are taught and reinforced at every grade level. Other prevention efforts include: mentoring, peer mediation, after-school programs, tutoring, and parenting education.

Community resources are also made available and are utilized by staff and administration. The Terry Parker Full Service Center links the schools to youth development, family and child guidance services, health and social services, juvenile justice, family literacy, case management, and family welfare services.

Since Merrill Elementary's intensive focus on truancy prevention began, the number of students who were absent 21 or more days decreased from 14 students during the 1997-98 school year, to one student during the 1998-99 school year. The total number of crime incidents has also decreased from three in 1996-97, to zero in 1998-99.

Merrill Road Elementary School

Jacksonville, Florida

Elementary School, Grades K-5
City

School Safety Focus:

Daily Prevention Pledge
Peer Mediation/Conflict Resolution
After-School Program
Tutoring
Community Partnerships

Contact:

Cynthia Anderson, principal
Merrill Road Elementary School
8239 Merrill Road
Jacksonville, FL 32277

(904) 745-4919 (phone)
(904) 745-4983 (fax)

130

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In 1992, Port Chester Middle School began collecting and organizing data on all referrals, failures, suspensions, weapon possessions, drug use attitudes, and community demographics. Using data-driven policy-making, the school restructured it's policies and programs to reflect it's commitment to meeting the needs of each student, improving student resiliency skills, addressing student antisocial behavior, and responding to the needs of at-risk students.

To increase student resiliency, the school adopted a comprehensive strategy that included: providing a safe and secure environment; focusing on each student's uniqueness through academic success and school culture, nurturing a sense of competency in students' ability to make positive decisions, and providing adult role models. Port Chester's comprehensive prevention and intervention strategies consist of a "school within a school" support system, peer mediation and student assistance programs, before- and after-school violence prevention activities, and three different mentoring programs.

Once students are identified as at-risk or potentially at-risk, particular attention is placed on their needs through the Students Toward Education Progress Program, as well as through community mentoring, social services, and counseling for students and their families. To help address each student's individual needs, students are placed in small "school within a school" settings with enormous flexibility and no more than 25 students.

Such efforts have resulted in an improvement in academic performance and school culture, as well as a decrease in suspensions and discipline problems. From 1995 to 1998, the number of suspensions dropped from 416 to 128, and discipline referrals dropped from more than 1,000 to less than 300.

Port Chester Middle School
Port Chester, New York

Middle School, Grades 5-8
Town

School Safety Focus:

Conflict Resolution and Peer Mediation Program
Targeted Programs for At-Risk Youth
After School Programs
Mentoring Program
Strong Staff, Community, and Parental Involvement

Contact:

Carmen Macchia, principal
Port Chester Middle School
Bowman Avenue
Port Chester, NY 10573

(914) 934-7930 (phone)
(914) 934-7886 (fax)
home.computer.net/~pcschool/MIDDLE

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)
www.nimh.nih.gov

NIMH conducts and supports research nationwide on mental illness and mental health, including studies of the brain, behavior, and mental health services. NIMH is the foremost mental health research organization in the world, with a mission dedicated to improving the mental health of the American people; fostering better understanding of effective diagnosis, treatment, and rehabilitation of mental and brain disorders; and supporting research on interventions to prevent mental illness or to reduce the frequency of recurrent episodes of mental illnesses and their disabling consequences.

CENTERS FOR DISEASE CONTROL AND PREVENTION, DIVISION OF ADOLESCENT AND SCHOOL HEALTH (DASH)
www.cdc.gov/nccdphp/dash

DASH's mission is to: identify the highest-priority health risks among youth, monitor

Port Chester Middle School students enjoying a well deserved break.

the incidence and prevalence of those risks, implement national programs to prevent risks, and evaluate and improve those programs.

CENTERS FOR DISEASE CONTROL AND PREVENTION, DIVISION OF VIOLENCE PREVENTION
www.cdc.gov/ncipc/dvp/dvp

The Division of Violence Prevention in CDC's National Center for Injury Prevention and Control has four priority areas for violence prevention: youth violence, family and intimate violence, suicide, and firearm injuries.

HEALTH RESOURCES AND SERVICES ADMINISTRATION, MATERNAL AND CHILD HEALTH BUREAU (MCBH)
www.hhs.gov/hrsa/mchb

MCBH is charged with the primary responsibility for promoting and improving the health of the Nation's mothers and children, including families with low income levels, those with diverse racial and ethnic heritages, and those living in rural or isolated areas without access to care.

HEALTH RESOURCES AND SERVICES ADMINISTRATION, BUREAU OF PRIMARY HEALTH CARE (BPHC)
www.bphc.hrsa.dhhs.gov

BPHC promotes and establishes school-based health centers as an effective way to improve the health of vulnerable children and adolescents.

Online Federal Documents

1998 ANNUAL REPORT ON SCHOOL SAFETY
www.ed.gov/pubs/AnnSchoolRept98

The *1998 Annual Report on School Safety* details the nature and scope of school violence and provides information on model programs, resources, and steps that schools and communities can take to create and maintain safe learning environments.

CHILD DEVELOPMENT/COMMUNITY POLICING: PARTNERSHIP IN A CLIMATE OF VIOLENCE
www.ncjrs.org/jjdp.htm

This document describes a unique collaborative program between the New Haven, Connecticut, Department of Police Services and the Child Study Center at the Yale University School of Medicine that addresses the psychological impact of chronic exposure to community violence on children and families. This program serves as a national model for police-mental health partnerships across the country.

COMBATING FEAR AND RESTORING SAFETY IN SCHOOL
www.ncjrs.org/jjvict.htm

This publication focuses on the national effort to reach youth who are absent or truant from school because of school-associated fear and intimidation.

CONFLICT RESOLUTION EDUCATION: A GUIDE TO IMPLEMENTING PROGRAMS IN SCHOOLS, YOUTH-SERVING ORGANIZATIONS, AND COMMUNITY AND JUVENILE JUSTICE SETTINGS
www.ncjrs.org/jjdp.htm

This reference tool offers both basic information and experts' experience to assist educators and other youth-serving professionals in building effective conflict resolution programs. The guide is based on a shared vision that youth of all ages can learn to deal constructively with conflict and live in civil association with one another.

CREATING SAFE AND DRUG-FREE SCHOOLS: AN ACTION GUIDE
www.ed.gov/offices/OESE/SDFS/actguid/index.html

This guide outlines action steps for schools, parents, students, and community and business groups, and provides information briefs on specific issues affecting school safety. It also contains research and evaluation findings and a list of resources and additional readings.

EARLY WARNING, TIMELY RESPONSE: A GUIDE TO SAFE SCHOOLS
www.ed.gov/offices/OSERS/OSEP/earlywrn.html

This guide offers research-based practices designed to assist school communities to identify warning signs early and develop prevention, intervention, and crisis response plans.

KEEPING YOUNG PEOPLE IN SCHOOL: COMMUNITY PROGRAMS THAT WORK
www.ncjrs.org/jjdp.htm

This information highlights dropout prevention initiatives, with a particular focus on the Communities in Schools initiative and its evaluation by the Urban Institute.

MANUAL TO COMBAT TRUANCY
www.ed.gov/pubs/Truancy

This manual offers parents, school officials, law enforcement agencies, and communities a set of principles to design their own strategies to combat truancy and describes successful models of how anti-truancy initiatives are working in communities across the nation.

MENTORING: A PROVEN DELINQUENCY PREVENTION STRATEGY
www.ncjrs.org/jjdp.htm

The results of an independent evaluation of the Nation's oldest and largest mentoring program, Big Brothers/Big Sisters of America, are presented here. The study found that mentored youth were less likely to start using drugs or alcohol, were less assaultive, skipped fewer days of school, and had better relationships with their parents and peers than similar youth without mentors.

PREVENTING CRIME: WHAT WORKS, WHAT DOESN'T, WHAT'S PROMISING
www.ncjrs.org

This document contains a review of more than 500 program impact evaluations and

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identifies what works, what does not, and what is promising in crime prevention.

REACHING OUT TO YOUTH OUT OF THE EDUCATION MAINSTREAM

www.ncjrs.org/jjdp.htm

This bulletin describes a new effort to reduce the number of juveniles who leave school prematurely and who are at risk of delinquency because they are truants or dropouts, afraid to attend school, suspended or expelled, or in need of help to be reintegrated into their mainstream school from the juvenile justice system. A series of OJJDP bulletins focusing on effective programs and innovative strategies to reach these children is introduced.

SAFE, DRUG-FREE, AND EFFECTIVE SCHOOLS FOR ALL STUDENTS: WHAT WORKS

www.air-dc.org/cecp/resources/safe&drug_free.main.htm

Programs formulated under the Safe and Drug-Free Schools and Communities Act are evaluated. The goal of the project was to learn about schools that managed to reduce discipline problems and improve the learning and behavior of all students, including those with disabilities. This report reflects three site visits conducted by a research team accompanied by expert panels.

SAFE AND SMART: MAKING THE AFTER-SCHOOL HOURS WORK FOR KIDS

www.ed.gov/pubs/SafeandSmart

Positive research and examples illustrate the potential of quality after-school activities to keep children safe, out of trouble, and learning. Specifically, this document presents evidence of success—both empirical and anecdotal—for after-school activities; identifies key components of high-quality programs and effective program practices; and showcases exemplary after-school and extended learning models from across the country with promising results in our Nation's efforts to keep children in school and on track.

SHARING INFORMATION: A GUIDE TO THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT AND PARTICIPATION IN JUVENILE JUSTICE PROGRAMS

www.ncjrs.org/jjgen.htm

This guide provides basic information on the Family Educational Rights and Privacy Act for elementary and secondary education professionals and those involved in the delivery of services to juveniles, including students involved in the juvenile justice system.

TRUANCY: FIRST STEP TO A LIFETIME OF PROBLEMS

www.ncjrs.org/jjdp.htm

Truancy is a major problem in this country, both for youth and society. This information highlights seven communities whose truancy reduction programs are achieving good results through innovative approaches that involve schools, law enforcement, families, businesses, judicial and social service agencies, and community and youth service organizations.

Results from a 1989 drug use survey of high school students at Shepherd Hill Regional High School revealed that 77 percent of students were involved with alcohol, 33 percent with marijuana, 43 percent with tobacco, and 19 percent with other drugs. Similarly, junior high school students surveyed revealed that 55 percent used alcohol, 11 percent used marijuana, 35 percent used tobacco products, and 17 percent used other drugs.

A follow-up study in 1992-93 indicated a substantial

Shepard Hill Regional High School students in class.

decrease in student-reported substance abuse. However, while many students were choosing to have little or no involvement with illegal substances, there were enough students still using drugs and alcohol to warrant concern.

In response to the survey results, Shepherd Hill established a set of objectives to be met by the year 2000. The school's objectives included: creating an orderly and safe environment for students, reducing substance abuse, and improving parental knowledge of student drug use.

The school developed a comprehensive schoolwide program to help address the needs of all students and help develop strong resiliency skills. The program includes a grade 1 through 12 health instruction component that works in cooperation with other academic disciplines, school health and counseling services, and community-based services. Each of these facets works individually and cooperatively to provide students with a safe and orderly learning environment.

School counselors and psychologists also are available to provide student counseling, individual assessments and referrals, to appropriate services both in and outside of school. Family services and programs are also in place to promote social and emotional growth. A parent support group, led by the school psychologist, meets regularly to discuss adolescent issues.

In addition to extensive student and family support services, Shepherd Hill Regional High School provides students with academic assistance through tutoring, academic/behavioral tracking, and academic and wellness counseling. Core curriculum instructors meet after school on a regular basis to assist students in developing organization skills and completing homework. Since the implementation of these academic programs, the school has experienced a 65 percent improvement in core subject grades.

Since implementing the program in 1989 and administering annual student drug use surveys in 1992, Shepherd Hill has seen decreases in the number of students using tobacco, alcohol, and marijuana. The percentage of 7th and 8th grade students reporting ever having used cigarettes decreased from 51 percent in 1992-93 to 44 percent in 1996-97. In addition, the percentage of students in grades 9 and 10 reported a decrease in alcohol use, from 19 percent in 1992-93 to less than 6 percent in 1997-98.

Shepherd Hill Regional High School
Dudley, Massachusetts

Junior/Senior High School,
Grades 7-12
1,499 students
Town

School Safety Focus:

Drug Prevention and Health Education Lessons Infused in Curriculum
School/Community Prevention Partnerships
Student Assistance Program
Supportive School Climate
Student-run Initiatives

Contact:

Sean Gilrein, principal
Shepherd Hill Regional
High School
68 Dudley-Oxford Road
Dudley, MA 01571

(508) 943-6700 (phone)
(508) 943-5956 (fax)
www.ultranet.com/~shephill/index

ORGANIZATIONS

AMERICAN FEDERATION OF TEACHERS
555 New Jersey Avenue, NW
Washington, DC 20001
(202) 879-4400
www.aft.org

BLACK PSYCHIATRISTS OF AMERICA
866 Carlton Avenue
Oakland, CA 94610
(415) 834-7103

BOYS AND GIRLS CLUBS OF AMERICA
1230 West Peachtree Street, NW
Atlanta, GA 30309
(404) 815-5765
www.bgca.org

CENTER FOR EFFECTIVE COLLABORATION AND PRACTICE
1000 Thomas Jefferson St., NW, Suite 400
Washington, DC 20007
(202) 944-5389
www.air-dc.org/cecp/cecp.html

CENTER FOR POSITIVE BEHAVIOR INTERVENTION AND SUPPORT
5262 University of Oregon
Eugene, OR 97403-5262
(541) 346-5311
www.stpreof.uoregon.edu

CENTER FOR THE STUDY AND PREVENTION OF VIOLENCE
University of Colorado,
Campus Box 442
Boulder, CO 80306
(303) 492-1032
www.colorado.edu/UCB/Research/cspv

CHILDREN'S DEFENSE FUND
25 E Street, NW
Washington, DC 20001
(202) 628-8787

COMMUNITY MENTAL HEALTH COUNCIL
Attn: Dr. Carl Bell
8704 South Constance Street
Chicago, IL 60617
(773) 734-4033 x204

COMMUNITY POLICING CONSORTIUM
1726 M Street, NW
Washington, DC 20036
Publications: (800) 421-6770
www.communitypolicing.org

FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH
1021 Prince Street
Alexandria, VA 22314-2971
(703) 684-7710

HISPANO/LATINO COMMUNITY PREVENTION NETWORK
601 East Montecito Street
P.O. Box 42506
Santa Barbara, CA 93140
(508) 580-7856

NATIONAL ASSOCIATION OF BLACK SOCIAL WORKERS
8436 West McNichols
Detroit, MI 48221
(313) 862-6700

NATIONAL ASSOCIATION OF ELEMENTARY SCHOOL PRINCIPALS
1615 Duke Street
Alexandria, VA 22314-3483
(703) 684-3345
www.naesp.org

NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS/COMMISSIONERS
66 Canal Center Plaza
Suite 302
Alexandria, VA 22314
(703) 739-9333

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS
4340 East West Highway
Suite 402
Bethesda, MD 20814
(301) 657-0270
www.naspweb.org/center.html

NATIONAL ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS
1904 Association Drive
Reston, VA 22091
(703) 860-0200
www.nassp.org

NATIONAL BLACK CHILD DEVELOPMENT INSTITUTE
1023 15th Street, NW
Suite 251
Washington, DC 20005
(301) 434-5688

NATIONAL COALITION OF HISPANIC HEALTH AND HUMAN SERVICES ORGANIZATIONS
1501 16th Street, NW
Washington, DC 20036-1401
(202) 797-4321

NATIONAL EDUCATION ASSOCIATION
1201 16th Street, NW
Washington, DC 20036
(202) 833-4000
www.nea.org

NATIONAL HISPANIC/LATINO COMMUNITY PREVENTION NETWORK
Route 1, Box 204
Espanola, NM 87532
(505) 747-1889

NATIONAL INFORMATION CENTER FOR CHILDREN AND YOUTH WITH DISABILITIES
Academy for Educational Development
P.O. Box 1492
Washington, DC 20013-1492
(202) 884-8200
www.nichcy.org

NATIONAL MENTAL HEALTH ASSOCIATION
1021 Prince Street
Alexandria, VA 22314-2971
(703) 684-7722

NATIONAL PTA
330 North Wabash Avenue
Suite 2100
Chicago, IL 60611-3690
(800) 307-4PTA
www.pta.org

NATIONAL TECHNICAL ASSISTANCE CENTER FOR CHILDREN'S MENTAL HEALTH
Georgetown University Child Development Center
3307 M Street, NW
Washington, DC 20007
(202) 687-5000

ORGANIZATION OF LATINO SOCIAL WORKERS
2319 South Damen Avenue
Chicago, IL 60608
(773) 579-0832

ZERO TO THREE, NATIONAL CENTER FOR INFANTS, TODDLERS, AND FAMILIES
734 15th Street, NW
10th Floor
Washington, DC 20005-1013
(202) 638-0840

WEB SITES

NATIONAL RESOURCE CENTER FOR SAFE SCHOOLS

www.safetyzone.org

The National Resource Center for Safe Schools works with schools, communities, state and local education agencies, and other concerned individuals and agencies to create safe learning environments and prevent school violence. Creating a safe school requires the larger school community to embrace a variety of safety strategies, as no one measure, in itself, will offer a complete solution. Rather, schools, families, communities, students, businesses, law enforcement agencies, and the media must work together to build and model an environment conducive to learning—to prevent, identify and respond to risks to school safety, and to intervene immediately and responsibly should incidents of violence occur.

Safe school strategies range from establishing youth courts and mentoring programs to incorporating conflict resolution education into school programming to enhancing building safety; hiring school resource officers; establishing or expanding before and after-school programming and adopting policies and procedures that are consistent, clear, and developed collaboratively by the school community.

The National Resource Center for Safe Schools is operated by the Northwest Regional Educational Laboratory and was established with funding from the U.S. Department of Education's Safe and Drug-Free Schools Program and the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention.

HAMILTON FISH NATIONAL INSTITUTE ON SCHOOL AND COMMUNITY VIOLENCE

www.hamfish.org

The Institute, with assistance from OJJDP, was founded in 1997 to serve as a national resource to test the effectiveness of school violence prevention methods and to develop more effective strategies. The Institute's goal is to determine what works and what can be replicated to reduce violence in America's schools and their immediate communities. The Institute works with a consortium of seven universities whose key staff members have expertise in adolescent violence, criminology, law enforcement, substance abuse, juvenile justice, gangs, public health, education, behavior disorders, social skills development, and prevention programs. The George Washington University develops and tests violence prevention strategies in collaboration with the following universities: Florida State University, Morehouse School of Medicine, Syracuse University, Eastern Kentucky University, University of Oregon, and University of Wisconsin-Milwaukee.

BLUEPRINTS FOR VIOLENCE PREVENTION

www.Colorado.EDU/cspv/blueprints

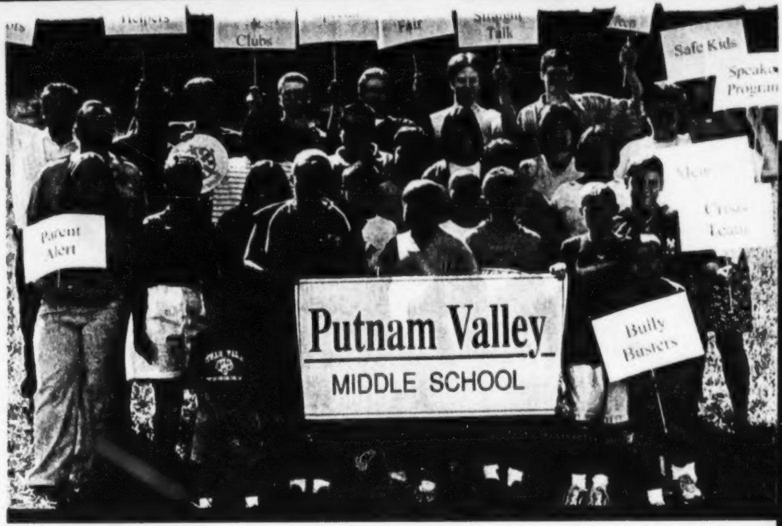
The Center for the Study and Prevention of Violence, with funding from the Colorado Division of Criminal Justice and the Centers for Disease Control and Prevention (and later from the Pennsylvania Commission on Crime and Delinquency), initiated a project to identify 10 violence prevention programs that met a very high scientific standard of program effectiveness, programs that could provide an initial nucleus for a national violence prevention initiative.

Blueprints were designed to be very practical descriptions of effective programs to allow States, communities, and individual agencies to: (1) determine the appropriateness of this intervention for their State or community, (2) provide a realistic cost estimate for this intervention, (3) provide an assessment of the organizational capacity needed to ensure its successful start-up and operation over time, and (4) give some indication of the potential barriers and obstacles that might be encountered when attempting to implement this type of intervention.

INSTITUTE ON VIOLENCE AND DESTRUCTIVE BEHAVIOR

www.interact.uoregon.edu/ivdb/ivdb.html

The Institute's mission is to empower schools and social service agencies to address violence and destructive behavior at the point of school entry and beyond, to ensure safety and facilitate the academic achievement and healthy social development of children and youth. This combines community, campus, and State efforts to research violence and destructive behavior among children and youth.



The Putman Valley community celebrates their national recognition.

Putman Valley Middle School
Putman Valley, New York

Middle School, Grades 6-8
550 students
Town

School Safety Focus:

Social Skills and Competence Training for All Students
Bully Prevention Programs
Harassment Prevention Training
Mentoring Program

Contact:

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pv.k12.ny.us

BEST COPY AVAILABLE

Although Putnam County has the lowest crime rate in New York State, the district's needs assessment indicated that student drug and alcohol use had increased in grades 6-8, with use primarily occurring on the weekends in the children's homes or homes of their friends.

With the assistance of a community/school Health Advisory Council, a set of program priorities and objectives were developed to respond quickly to this disturbing trend. Putnam Valley Middle School has drawn upon evidence indicating that strong family/school learning and child development partnerships can reduce problem behaviors, such as alcohol and drug use. Putnam's comprehensive social competence and health education approach is designed to promote student self-worth, positive health behaviors, social skill, and positive relationships, motivation to behave responsibly, and skills for work. The cultivation of these values and behaviors is present in every aspect of school life—including core curriculum and counseling sessions. For example, every day begins with lessons in conflict resolution, domestic violence, and harassment, with a group of 12-14 students across grade levels. Peer mediation is also available at all grade levels.

Parental involvement is an integral part of the planning and services available to students at Putnam Valley. Parents are involved in shared decision making on the School Improvement Team and the Steering Committee. More important, parents serve an essential function as resource advisors, and planners on the Health Advisory Council, which sponsors numerous parent and parent/child evening activities throughout the year. Through the Parent Alert and Family Wellness, and "Straight Talk" programs, Putnam has created opportunities for families to network and learn more about creating healthy relationships and substance abuse prevention.

Since the implementation of these programs, parental involvement has increased substantially. Since 1996, participation in the Parent Alert program has increased from 20 parents to approximately 150 parents, teachers, and students.

Evaluation data collected since implementing the comprehensive prevention program indicate that the number of principal referrals have decreased substantially, from 103 in the 1996-97 school year to 61 in 1997-98. The number of incidents reported to police also decreased from three incidents in 1996-97 to zero incidents in the last two years. According to clinical staff, the number of reports about drug and alcohol use and incidents in school have also decreased since 1993, with zero alcohol or drug incidents since 1996.

THE NATIONAL LONGITUDINAL STUDY OF ADOLESCENT HEALTH (ADD HEALTH)

www.cpc.unc.edu/projects/addhealth/addhealth_home.html

Add Health is a school-based study of the health-related behaviors of adolescents in grades 7 to 12. It has been designed to explore the causes of these behaviors, with an emphasis on the influence of social context. Add Health postulates that families, friends, schools, and communities play roles in the lives of adolescents that may encourage healthy choices of activities or may lead to unhealthy, self-destructive behaviors.

LAW-RELATED EDUCATION (LRE)

www.abanet.org/publiced/youth/youth.html

Law-Related Education teaches elementary and secondary students about the foundations of our constitutional republic and their responsibilities and rights as citizens. Through LRE, students develop unique insights that promote social responsibility, reaffirm the fundamental values of right and wrong, and inspire a commitment to good citizenship. LRE programs that have been demonstrated to be effective can be integrated into existing courses (e.g., government, civics, and history); offered as electives (e.g., high school practical law course); used as the focus of a special event (e.g., mock trial competition, mock congressional hearings, mock mediations, etc.); and used as components of an after-school program.

Specialized LRE programs have been developed and tested with the highest at-risk groups of youth, including gang members, teen parents, and youth already in the juvenile justice system. LRE programs exist at the local (school) level, statewide, and at the national level. These programs recognize the need for partnerships with law enforcement, the bar, the bench, and other groups.

NATIONAL SCHOOL SAFETY CENTER

www.nssc1.org

The National School Safety Center (NSSC) was created by presidential directive in 1984 to meet the growing need for additional training and preparation in school crime and violence prevention. Affiliated with Pepperdine University, NSSC is a nonprofit organization whose charge is to promote safe schools—free of crime and violence—and to help ensure a quality education for all America's children.

NATIONAL YOUTH GANG CENTER (NYGC)

www.iir.com/nygc

The purpose of the National Youth Gang Center is to expand and maintain the body of critical knowledge about youth gangs and effective responses to them. The NYGC assists State and local jurisdictions in the collection, analysis, and exchange of information on gang-related demographics, legislation, literature, research, and promising program strategies. It also coordinates activities of OJJDP Youth Gang Consortium, a group of Federal agencies, gang program representatives, and service providers.

PARTNERSHIPS AGAINST VIOLENCE NETWORK

www.pavnet.org

PAVNET Online is a virtual library of information about violence and youth-at-risk, representing data from seven different Federal agencies. It is a one-stop, searchable information resource to help reduce redundancy in information management and provide clear and comprehensive access to information for States and local communities.

SCHOOL MENTAL HEALTH PROJECT/CENTER FOR MENTAL HEALTH IN SCHOOLS (UCLA)

www.smhp.psych.ucla.edu

The Center's mission is to improve outcomes for youth by enhancing policies, programs, and practices relevant to mental health in schools, with specific attention to strategies that can counter fragmentation and enhance collaboration between school and community programs.

REFERENCES

For specific information about the studies used for this report, please see *Indicators of School Crime and Safety, 1999*, by P. Kaufman, X. Chen, S. P. Choy, K. A. Chandler, C. D. Chapman, M. R. Rand, and C. Ringel. U.S. Departments of Education and Justice. NCES 99-251/NCJ-172215. Washington, DC: 1998.

Indicators of School Crime and Safety, 1999, can be downloaded from the World Wide Web at http://nces.ed.gov or http://www.ojp.usdoj.gov/bjs/. Single publications can be ordered through ED Pubs at (800) 4ED-PUBS (NCES 99-251) or (877) 576-7734 (TTY/TTD), and through the Bureau of Justice Statistics Clearinghouse at (800) 732-3277 (NCJ-172215).

DATA SOURCES FOR THIS REPORT INCLUDE:

Monitoring the Future: A Continuing Study of American Youth, University of Michigan's Institute for Social Research.

This is an ongoing survey conducted to study changes in important values, behaviors, and lifestyle orientations of American youth. Since 1975, the study has surveyed a large, representative sample of U.S. high school seniors. Survey topics include attitudes toward education, social problems, occupational aims, marital and family plans, and deviant behavior and victimization.

National Crime Victimization Survey, Bureau of Justice Statistics.

Administered for the Bureau of Justice Statistics by the Bureau of the Census, this is the nation's primary source of information on crime victimization and victims of crime. The study, initiated in 1972 and redesigned in 1992, collects detailed information on the nature and frequency of the crimes of rape, sexual assault, robbery, aggravated and simple assault, theft, household burglary, and motor vehicle theft experienced by Americans and their households each year. The survey measures crimes reported as well as those not reported to police.

National School-Based Youth Risk Behavior Surveillance System (YRBSS), Centers for Disease Control and Prevention.

This study is one component of the larger Youth Risk Behavior Surveillance System, an epidemiological surveillance system developed by the Centers for Disease Control and Prevention to monitor youth behaviors that most influence health. The YRBSS focuses on behaviors that result in significant mortality, morbidity, disability, and social problems during both youth and adulthood. The report uses 1993, 1995, and 1997 YRBSS data. For more information, contact the Division of Adolescent and School Health at (770) 488-3257.

The School-Associated Violent Deaths Study, Centers for Disease Control and Prevention and the U.S. Department of Education.

This study is nearing completion and has collected descriptive data on all school-associated violent deaths in the United States. The study period is from July 1, 1994, to June 30, 1998. The purpose of the study is to estimate the level of risk for school-associated violent deaths and to identify potential risk factors for these deaths.

Third International Mathematics and Science Study (TIMSS), National Center for Education Statistics, National Science Foundation, and the Government of Canada.

This study collects assessment data from students, as well as descriptive data from students, teachers, and schools. The study, conducted in 1995, consists of data on a half million students in 41 countries. For more information on TIMSS, call the TIMSS customer service line at (202) 219-1333.

The WHO Study of Health Behavior in School-Aged Children, U.S. National Institute of Child Health and Human Development (NICHD).

This school-based research study, performed for the first time in the United States in 1997-98, and has been conducted every four years by European countries since 1982. The research goal is to increase our understanding of health behaviors, lifestyles, and their context in young people ages 11 to 15 years. The study provides data on 120,000 students from 28 countries for the 1997-98 school year. For more information, contact NICHD at (301) 496-5133.

The FBI's Uniform Crime Reports: Hate Crime Statistics.

This publication can be ordered by telephone or by mail by contacting: Federal Bureau of Investigation, Criminal Justice Information Services Division, Programs Support Section, 1000 Custer Hollow Road, Clarksburg, WV 26306, or by phone at (304) 625-4995.

National Assessment of Educational Progress, National Center for Educational Statistics.

The National Assessment of Educational Progress is the only nationally representative and continuing assessment of what America's students know and can do in various subject areas. Since 1969, assessments have been conducted periodically in reading, mathematics, science, writing, history, geography, the arts, and other fields. For more information, contact the National Center for Educational Statistics, 555 New Jersey Avenue, NW, Washington, DC 20208-5574, or call (202) 219-1828.

U.S. DEPARTMENT OF EDUCATION
Richard W. Riley
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U.S. DEPARTMENT OF JUSTICE
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November 1999

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Design: Beth Singer Design, Washington, DC.

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